Prince Albert Parkland Health Region

2008-09

Annual Report to the Minister of Health

PRINCE ALBERT PARKLAND HEALTH REGION

Healthy Living in Healthy Communities.

Letter of Transmittal

June 24, 2009

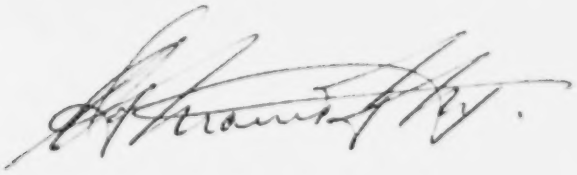
Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the fiscal year ended March 31, 2009.

The 2008-09 fiscal year was very busy for the Prince Albert Parkland Health Region. The announcement of two capital facility projects, in Prince Albert and Shellbrook, along with moving forward with functional planning for Victoria Hospital in Prince Albert were exciting developments. The Region worked with the Ministry of Health to identify service pressures, particularly in acute care. The Region signed an agreement for a pilot project with the Muskeg Lake Cree Nation for on-reserve placements of long-term care residents.

Respectfully submitted,



Gord Dobrowolsky,
Chairperson

Our Vision

"Health Living in
Healthy Communities"

Our Mission

"People, Families and Communities
Working Together Towards
Improved health in the
Prince Albert Parkland
Health Region"

Our Values

- Compassion
- Quality, safe care
- Diversity
- Partnerships and collaboration
- Innovation
- Stewardship
- Effectiveness
- A safe work place where our employees, physicians and volunteers feel supported, encouraged and appreciated for the work they perform

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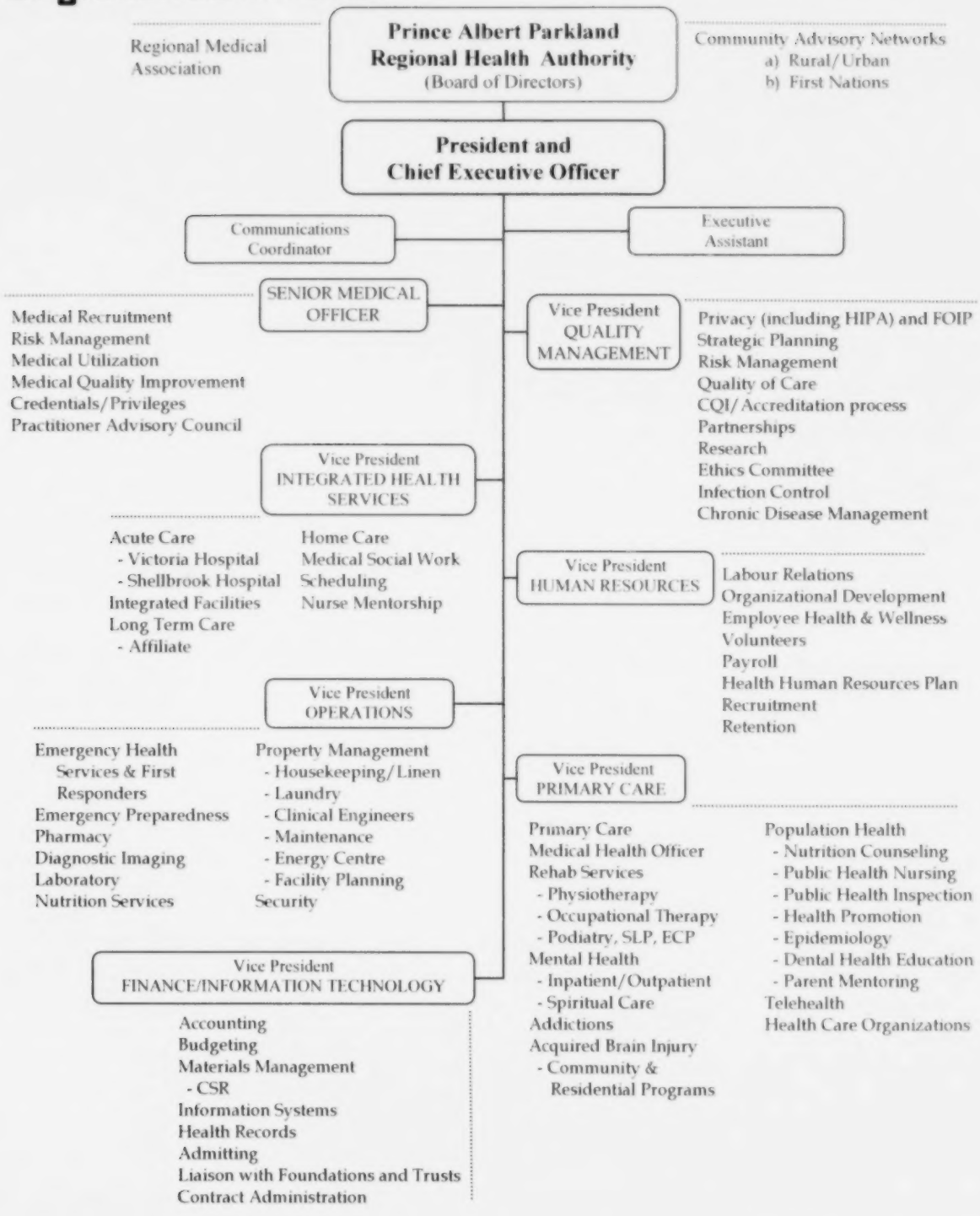
The Prince Albert Parkland Regional Health Authority annual report is located on the Internet at: www.paphr.sk.ca or http://www.health.gov.sk.ca/health-region-list

Organizational Chart



Who We Are

The Prince Albert Parkland Regional Health Authority provides a broad range of health-care services and programs to the more than 78,000 people who live within the Region. Prince Albert Parkland is also a referral centre for specialist services to much of northern and northeastern Saskatchewan.

The Health Region's 2,200-plus employees have daily contacts with people who are residents of our long-term care facilities, being care for in our hospitals, visiting counselors, being visited by home care or meeting with public health nurses. There are visits with public health officers, community development work by health promotion staff, therapy sessions, and a multitude of diagnostic tests performed.

The 2008-09 fiscal year had many exciting developments for the Prince Albert Parkland Health Region, from capital projects to new programs and initiatives to enhance services for the residents of the Region and province.

The Region continued to review and implement recommendations from an Operational Review conducted by Deloitte and Touche and completed in the 2007-08 fiscal year. A key theme is improved regional management structures to help ensure better performance not only for financial results but most importantly to ensure safe, quality care for patients, residents and clients.

Prince Albert Parkland operates Victoria Hospital, one of the busiest regional acute care facilities in Saskatchewan, offering a broad range of medical specialties. Those services include pediatrics, orthopedics, internal medicine, general surgery, ophthalmology, obstetrics and gynecology, dental surgery, urology, pathology, radiology, psychiatry and otolaryngology (ear, nose and throat) and podiatry.

Prince Albert Parkland also operates the Shellbrook Hospital, a 20-bed facility serving as the acute-care centre for much of the western portion of the Region. Physician recruitment challenges resulted in the ongoing temporary suspension of acute care services at the integrated facilities in both Spiritwood and Big River. Both Big River and Spiritwood continue to be served by the long-term care and community-based programs that are located in those facilities. These community-based programs include two Nurse Practitioners in Spiritwood and one in Big River. The Region has also arranged for visiting physicians from Shellbrook and Prince Albert to have clinics in Big River every week.

Special visit

The Right Honourable Gordon Barnhardt, the Lieutenant– Governor of Saskatchewan, was the guest speaker at the annual volunteer long-service awards in April 2008. The event recognizes individuals and groups installments of 5 years of service. More than 3,500 volunteers provide about 48,000 hours of service in Prince Albert Parkland Health Region each year.

The Nurse Practitioners are not only part of the local health care team in those rural communities, but are part of a Primary Care team of Nurse Practitioners serving communities throughout the Region. They all play an important role in the Region's primary care strategy, attempting to ensure access to everyday health care needs.

Health Human Resource challenges exist in many programs and communities. It impacts both the ability to deliver quality service to the people in the Region, as well as the financial stability of the Re-

gion's operations. This puts pressure on the Region's finances, as well as the quality of work life and morale of our employees.

Human resource challenges, often at the root of financial pressure, are only part of the story of 2008 -09 for the Prince Albert Parkland Health Region. There are new programs and increased capacity in existing programs.

Mental Health and Addiction services were expanded, thanks to targeted funding from the provincial government. The Region recognizes that addictions are a significant problem for many of our residents. The Region looks forward to the opening of the Acute and Social Detox centre, as well as the planning of the family treatment centre at the Regional Health Centre site. Prince Albert Parkland is also working with the Prince Albert Grand Council and Ministry of Health toward the opening of a 15-bed youth treatment facility to be located north of the Regional Health Centre site. The partnership with the Prince Albert Grand Council is one example of working with other community organizations to reach common goals.

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care. The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake.

The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding.

Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert, as well as operating a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.

Health-Care Organizations

The Prince Albert Parkland RHA works with several community-based organizations and other agencies to ensure residents have access to the quality health care services they need.

Those partnerships include:

- Mont St. Joseph Home Inc.
- Parkland Ambulance Care
- Spiritwood Ambulance Care
- Blaine Lake Ambulance Care
- SHARE (Self Help and Recreation Education)
- Canadian Mental Health Association
- Family Futures
- Prince Albert Co-operative Health Centre
- Prince Albert Grand Council
- Mobile Crisis
- Muskeg Lake Cree Nation

Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients low-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills.

Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support to high risk parents with preschool children.

Prince Albert Co-operative Health Centre is home to the Methadone Program for IV drug users. The clinic's physicians provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.

Prince Albert Grand Council provides the Kookum Project, which links an Aboriginal Elder with an IV drug user on the Methadone program.

Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.

During the past year, the Region has added another new significant partner in the Muskeg Lake Cree Nation. The Region has signed an operating agreement with the First Nation, located west of Leask, for funding for the care of 15 residents who require Level 3 and 4 care. The clients are residents of the Muskeg Lake Elders Care Home, which is licensed as a 30-bed Personal Care Home. The agreement is a pilot project, providing on-reserve special care home spaces. The criteria for admission is the same as other special care home beds within the Region. The two-year pilot project runs until March 31, 2010, and will be evaluated by the Prince Albert Parkland Health Region, Muskeg Lake Cree Nation and Ministry of Health.

The Region is also following up on the most recent Accreditation Canada (previously the Canadian Council for Health Services Accreditation) report from 2007, as well as preparing for the 2010 survey.

The Region's most recent accreditation survey findings (2007) identified areas of excellence, areas for improvement, and areas for follow-up. The areas for follow-up were reported upon within two reports, and Accreditation Canada has advised that all outstanding requirements have been met, except for medication reconciliation upon admission. This continues to be work-in-progress for the Medication Management Quality Improvement (QI) Team, and is required to report on progress before the next survey.

Seventy-one (71) QI team members participated in Accreditation Canada's one-day education session in January 2009 in preparation for the region's 2010 survey visit. The session provided an overview of Accreditation Canada's new program, Qmentum.

Qmentum is designed to place greater emphasis on health organization systems and performance, and fosters a better awareness of accreditation as a powerful tool for accountability .

The 22 QI Teams are in the process of reviewing their respective standards and will be completing their questionnaires by the required deadline established by their team.

The Accreditation Canada process is an important tool to assist the Region in reviewing its own programs and services, while comparing to others. There is a renewed emphasis on ensuring that the residents of the Region and province not only have access to health care services, but that quality and safety in the delivery of those services is high priority.

Learning about the jobs

Paul Ross, PAPHR's Senior Public Health Inspector, discusses career options with students attending a career fair hosted by the Prince Albert Parkland Health Region in March 2009. The career fair provided information about both current opportunities for both professional and entry-level positions, to education requirements for a variety of health-care careers. The career fair included partner organizations as well as some educational institutions.

A focus on quality and safety is a theme throughout the organization. It includes focusing on how the organization does its day-to-day business and meeting the needs of the people we serve. Ensuring that service standards meet a high quality and are done safely can reduce the risk of errors in a very complex health care system.

The Region's employees, physicians and volunteers are committed to providing the best quality of care in a safe environment, and ensuring that patients, long-term care residents and community clients are treated with compassion and respect.

Governance and Transparency

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of care to residents of the third-most populous Health Region in Saskatchewan.

The Authority is composed of 12 members (listed at right) appointed by the Minister of Health, and receives jurisdiction through The Regional Health Services Act.

The Minister of Health appointed nine new board members along with three previous members, with an effective date of February 6, 2009. The appointments also included a new board chairperson and new vice-chairperson.

Prince Albert Parkland RHA is a policy governance board, and has its specific role defined by the "Roles and Expectations of the Minister of Health and Saskatchewan's Regional Authorities."

Health Regions have the responsibility for delivering the following services:

- Hospitals;
- Health centres, wellness centres, and social centres;
- Emergency response services, including first responders, and ambulance;
- Supportive Care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;
- Home Care;
- Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- Mental Health and Addictions services; and
- Rehabilitation services.

Administration and staff ensure the day-to-day delivery of those services and programs, while the Authority has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

For these six areas the Prince Albert Parkland Regional Health Authority is guided in its decision-making process by its own Mission, Vision and Values (see Page 2).

The Authority has developed a committee structure to further those values and goals. Standing committees include the Board Finance/Audit Committee (board members only), Practitioner Liaison Coun-

Board of Directors

The Prince Albert Parkland RHA board of directors changed during the 2008-09 fiscal year. Appointments effective February 6, 2009 include:

- Gord Dobrowolsky, chairperson
- Brenda Abrametz, vice-chairperson
- Shirley Bighead
- Ray Ewanchuk
- Dale McFee
- Jerri Olson
- Allan Jurgens
- Gerry Osmundson
- Shirley Henderson
- Doug Byrne
- Grant Cadieu
- Don Code

Until February 6, 2009, the board of directors also included:

- Irene Attrux
- Howard Gange
- Jack Boechler
- Cecile O'Neil
- Lorraine Saam
- Phil Morin
- Lionel Ferguson
- Patricia Leson
- David Koester

The current board and administration thanks these former members for their many years of service to the Region.

cil (formerly Joint Conference Committee) with medical practitioners, Rural/Urban Community Advisory Network and First Nations Community Advisory Network.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region (see list on Page 9). They provide feedback to the board about initiatives and strategic planning, and provide an opportunity to raise issues affecting health-care services.

The Region also has advisory groups specifically addressing primary care requirements in some of the communities where Nurse Practitioners are based. They provide input about local needs and advise on planning for primary health care services in their communities. This can include nurse practitioner and physicians clinics as well as mental health and therapy services, and general health concerns.

The Authority holds meetings on a monthly basis, alternating between Prince Albert and other communities in the Region. The meetings are open to the public, and agenda materials are available on a subscription released on the day of the meetings.

The meeting materials include detailed monitoring of the Authority's policies, outlining how the Region is performing in terms of its goals. There are also presentations at most meetings by members of the Region's Quality Teams.

In addition to the public Authority meetings, the board strives to be open and accountable for its decisions. Following each regular meeting information regarding decisions and agenda items is included in a highlights package sent to media covering the region, as well as municipal (urban and rural) offices and First Nations communities.

The Region has a quarterly newsletter (Prince Albert Parkland News), to provide information directly to the public about the Health Region's activities and announcements.

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

That information can be found in Appendix A.

Community Advisory Networks

Members of the First Nations Community Advisory Network are:

- Wayne Ahenakew
- Lorette Dreaver
- Penny Burns
- Lyndon Tieszen
- Eliza Bird
- Carol Lafond
- Ernie Dreaver
- David Thomas
- Stephanie Bird
- Deloris Findeday
- Shirley Bighead (RHA member)
- Shirley Henderson (RHA member)

The Rural/Urban Community Advisory Network includes:

- Charmaine Bergman
- Karen Elliott
- Lyle Karasiuk
- Brent LaFleur
- Jim Laing
- Stan Novicki
- Doug Oleksyn
- Richard Porter
- Carol Pryznyk
- Edwin Rundbraaten
- Etta Sackney
- Diana Stachniak
- Alice Tataryn
- Harvey Wendel
- Doug Byrne (RHA member)
- Jerri Olson (RHA member)

Prince Albert Parkland Regional Health Authority Board of Directors

Gord Dobrowolsky
Chairperson

Brenda Abrametz
Vice-chairperson

Shirley Bighead
Board member

Doug Byrne
Board member

Grant Cadieu
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Shirley Henderson
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Allan Jurgens
Board member

Dale McFee
Board member

Jerri Olson
Board member

Gerry Osmundson
Board member

Ray Ewanchuk
Board member

Our Region

The Prince Albert Parkland Regional Health Authority covers a large geographic area in central Saskatchewan. More than 70 per cent of the Region's 78,568 (Ministry of Health, Covered Population, June 30, 2008) residents live within 30 minutes driving time of the City of Prince Albert – the Region's largest community with a population of more than 41,000.

The rest of the population is spread throughout the Region, which spans from Big River in the northwest, to Kinistino in the southeast, and from Hafford in the southwest to Candle Lake in the northeast.

A significant portion of the Region, more than 30 per cent (Statistics Canada), identify themselves as Aboriginal – First Nations, Metis or Inuit. It is reflected in an examination of the Region's largest population centres outside of the City of Prince Albert. Other than the City of Prince Albert there are four communities, four First Nations reserves and five rural municipalities in the Region that have more than 1,000 population. (Table 1).

Except for the three northern health authorities, Prince Albert Parkland has Saskatchewan's highest percentage of Aboriginal population as a proportion of total population[1].

Health Status concerns

In January 2008, the Report on the Health Status of Residents of the Prince Albert Parkland Regional Authority was released. The report provides valuable information for health-care providers, our community partners and stakeholders. The Health Status Report will be a valuable tool as the Prince Albert Parkland Regional Health Authority determines future priorities for programs and services.

The Health Status Report includes a wide variety of information that examines not only current health-care concerns, but also the physical and social environment that influences people's health. From education and employment rates, to discussions about healthy lifestyle choices, the Report provides a baseline for future measurement. The report highlights a number of issues.

Table 1: PAPHR communities with more than 1,000 population

Community	Population
City of Prince Albert	41,835
RM of Buckland	1896
Big River First Nation	1,730
Town of Shellbrook	1649
Ahtahkakoop First Nation	1449
James Smith Cree Nation	1427
RM of Prince Albert	1302
Sturgeon Lake First Nation	1301
RM of Shellbrook	1254
Town of Birch Hills	1244
Town of Spiritwood	1206
RM of Canwood	1143
RM of Lakeland	1105
Town of Big River	1077

Covered Population, June 30, 2008, Saskatchewan Health

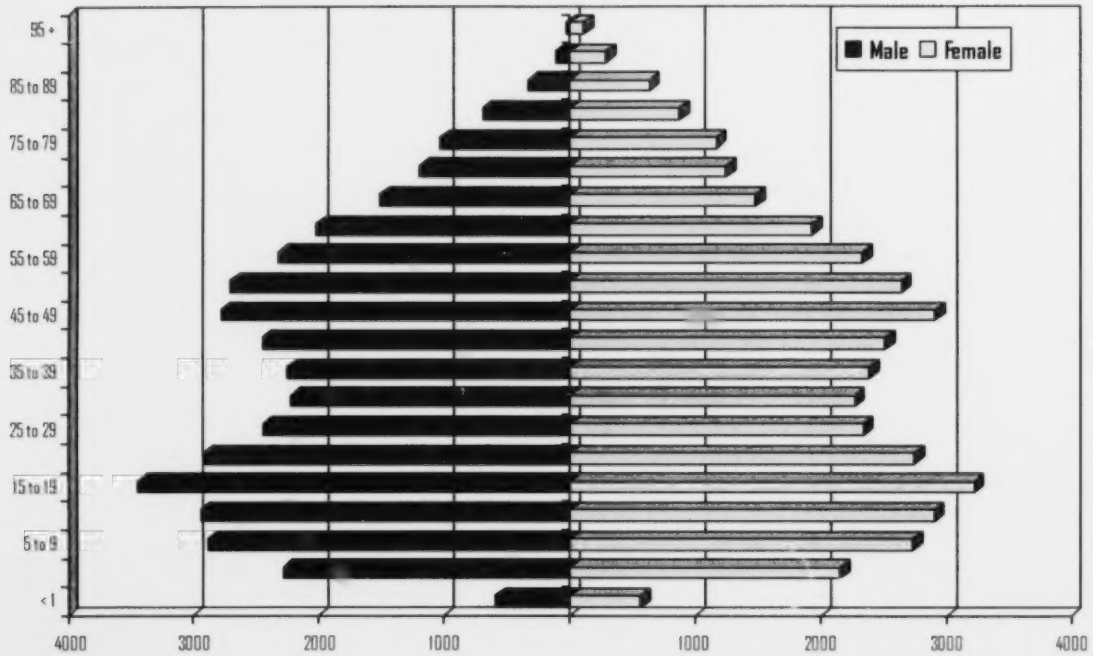
More than half of the population of the region lives in Prince Albert, the "gateway to the North." It is a transition zone between the sparsely populated North of the province and the more populous South. As such the Health Region sees many of the issues common to transition zones.

The population is relatively young (Chart 1), relatively poor, relatively less educated, and very injury prone when compared to the rest of the province and country. It is ethnically, culturally, economically,

1- Statistics Canada. Aboriginal Identity

Chart 1: PAPHR Population by age and sex

(Covered Population, June 30, 2008 - Saskatchewan Health)



and politically diverse. Almost a third of the Region's population is of Aboriginal ancestry. There are a number of First Nation communities, each with its own governing bodies, and two First Nation Health Authorities providing health care within the boundaries of the Health Region. Although this diversity enriches the community, it does present challenges in meeting the health care needs of its residents.

There are numerous areas of concern, which include:

- A high mortality rate among young people. The rate is at least 15% above the provincial average starting at one year of age and leveling off at age 65. That is cause for concern. Injuries account for a great many of these deaths.
- Diabetes, another leading cause of death, continues to increase in this region. There is reason to believe that gestational diabetes may be more common than previously thought.
- Injury and diabetes represent two potentially preventable events that not only cause death, but considerable disability. The Disability Free Life Expectancy (DFLE) at birth is lower than the provincial average. When measured at age 65, our DFLE is the same as the provincial average.
- Cancer of the lung is the most common cause of cancer death for men and women in the Region, with rates higher than the province.

The Health Status Report represents a comprehensive summary of the health of Prince Albert Parkland Health Region residents. Health is much more than medical needs, and there are many non-medical factors that influence health that have a major impact on the health of the population.

At 78,568 people, the population of Prince Albert Parkland Health Region makes up 7.6% of Saskatchewan's population. This number has been relatively stable in recent years. PAPHR is more densely populated than the province, with 2.5 people per square kilometre. Saskatchewan has 1.7 people per square kilometre.

Table 2: PAPHR Health Status and Outcome Indicators

	PAPHR	Sask.
Infant Mortality Rate (2002-2004) Per 1,000 live birth[1]	5.8	5.9
Life expectancy at birth (2001)[1]	Male—75.6 years Female—81.4 years	Male—76.2 years Female—81.8 years
Life expectancy at age 65 (2001)[1]	Male—17.7 years Female—21.8 years	Male—16.9 years Female—20.9 years
% of population (18-64) who are overweight (BMI 25.0-29.9) 2005[2]	32.42	32.52
% of population (18-64) who are obese (BMI 30.0-plus) 2005[2]	23.14	20.03
% of population (age 12 years and older) who report physical activity participation levels as active/moderately active 2005[2]	51.14	48.62
% of population (age 12 years and older) who report physical activity participation levels as inactive 2005[2]	46.73	49.52
% of population (age 12 years and over) who report their health as very good or excellent 2005[2]	47.33	52.35
Age-sex adjusted diabetes prevalence rate per 1,000 population 2005/2006 provincial[3]	67.9	n/a

1—Vital Statistics birth and death rate data, Saskatchewan Health.
2—Canadian Community Health Survey (CCHS), Cycle 3.1 - Saskatchewan Share File (Statistic Canada)
3—National Diabetes Surveillance System (NDSS) (Saskatchewan Health)

Much of the Region's population is concentrated around Prince Albert—53% live within the City of Prince Albert.

The population of Prince Albert Parkland Health Region is younger than that of the province, with higher percentages of children and young adults. In contrast, the Region has proportionately fewer elderly people. Population projections for PAPHR suggest continued growth, due to the relatively young age structure of the population. Natural increase, due largely to higher birth rates, is larger for PAPHR than the province.

PAPHR has a much higher Aboriginal population, 31.4% (2001), than Saskatchewan or Canada (13.6% and 3.4% respectively). In contrast, there is a very small immigrant population.

Self-rated health information from the Canadian Community Health Survey provides insight into how PAPHR residents rate their own physical and mental health:

- 58% of PAPHR residents rate their health as "very good" or excellent";
- 43% of PAPHR residents report having high self esteem;
- 82% of PAPHR residents report "low" or "moderate" life stress; and
- almost 70% of PAPHR residents rate their own mental health as "very good" or "excellent."

However, health statistics from other sources present a less favourable picture:

- Although PAPHR residents appear to have a similar life expectancy to Saskatchewan residents, mortality rates (death rates) are higher for PAPHR residents overall (Table 2). This discrepancy in

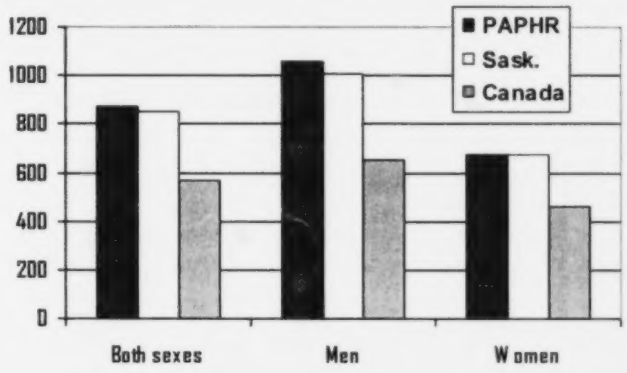
mortality rates is most apparent in the 25 to 44 year age group, at 42% above provincial rates. Males have higher death rates than females.

- The top causes of death in PAPHR[2], ranked by number of cases, are: 1) circulatory system disease, 2) cancer, 3) injury/poisonings/accidents, 4) respiratory disease, 5) endocrine/nutritional/metabolic (i.e. primarily Diabetes).
- Death rates from injury/accidents and endocrine (i.e. Diabetes) are much higher in PAPHR than SK; 35% and 46% higher respectively.
- Premature death is a problem in PAPHR, which has the second highest Potential Years of Life Lost (PYLL)[3] in the province. A large part of this premature death is due to accidental injury and self-inflicted injury/suicide, and these rates are higher than those of the province.

Infant mortality rates in PAPHR are similar to those of the province[1]; however this calculation includes only live births. When accounting for stillbirths, two other indicators—perinatal mortality rate and stillbirth mortality rate—show a different pattern. This Region has higher perinatal mortality rates than the province, a rate that appears to be increasing. The same pattern is evident for stillbirths.

Disability-free life expectancy (DFLE) numbers[4] suggest that residents may become disabled sooner (i.e. live longer with disability) than most other health regions, and Saskatchewan residents as a whole. Approximately one-third of PAPHR residents are restricted by a chronic condition (physical or mental health related).

Chart 2: Age standardized injury rates by gender 2001-2006[6]



Other than pregnancy and childbirth, the top causes of hospitalization[5] for PAPHR residents are: digestive system disease, genitourinary disease, circulatory system disease, and respiratory disease.

Injury rates

Injury is devastating to the Prince Albert Parkland Health Region (Chart 2). Saskatchewan has one of the highest injury rates in Canada (falling behind the North West Territories, Yukon and Nunavut), and the injury hospitalization rate for PAPHR is similar to that for the province. Males make up 61% of injury hospitalizations. The Region has a proportionately higher number of injury hospitalizations in younger age groups, with largest differences found for children under 14 years and adults 25 to 44 years. There is limited information about specific types of injury in PAPHR, but the leading cause of injury hospitalizations in Canada are: falls (57% of cases), motor vehicle collisions (14%), being struck by objects or colliding with another person (5%), and assault (4%).

1—Saskatchewan Health. Health Information Solutions Centre. Vital Statistics dataset. Mortality data.

2—Saskatchewan Health. Sharepoint Access. Vital Statistics. Leading Causes of Death (Age-adjusted).

3—Saskatchewan Health. Global Health Indicators for Saskatchewan Regional Health Authorities (2006).

4—Statistics Canada. Data Tables and Maps. Human Function. Disability-free Life Expectancy at Birth. Data from Canadian Vital Statistics and 1996 Census. Statistics Canada. Data Tables and Maps. Human Function. Disability-Free Life Expectancy at Age 65. Data from Canadian Vital Statistics and 1996 Census.

5—Health Quality Council. Core Health Status Indicators for Regional Health Authorities. All-Cause Hospitalization Rate. Data from: Saskatchewan Health Discharge Abstract Database

6—Canadian Institute for Health Information. CIHI Health Indicator Reports. Injury Hospitalization. Data from National Trauma Registry. Available at: http://secure.cihi.ca/hireports/search.jspa

The high injury rate may be part of the differences found when examining life expectancy. For PAPHR residents, life expectancy at birth (Table 2) is 78.5 years while the provincial life expectancy is 79 years. At age 65 (Table 2), PAPHR residents' life expectancy is higher than the provincial number—19.8 years in Prince Albert Parkland vs. 19 years for Saskatchewan.

Leading chronic conditions in PAPHR[1] include circulatory system disease, cancer, respiratory disease, obesity, diabetes, arthritis/rheumatism, and mental health issues.

Circulatory system disease[2] is the leading cause of death in PAPHR and a leading cause of hospitalization. Ischemic heart disease (angina/heart attack, coronary thrombosis) is the leading cause of hospitalization in this category.

Cancer is the second most common cause of death in PAPHR[3]. The most common type of cancers are prostate cancer for men (31% of new cases), and breast cancer for women (29% of new cases). The most deadly type of cancer for men and women in PAPHR is lung cancer, with death rates that are higher than the provincial average.

Obesity a significant challenge

The epidemic of obesity[4] is problematic in PAPHR. One in four residents (Table 2) are "obese," a rate that appears higher than national and provincial rates.

Diabetes rates[5] continue to climb in PAPHR. Consequently, the health burden of many diabetes-related conditions, such as heart attack, amputations, hospital admissions for hypo/hyperglycemia, is also higher. Although local data is not available, it is suspected that Gestational Diabetes (GDM)[6] is also a key issue within this region. The higher rate of diabetes rate in PAPHR, higher occurrence of high-birth weight babies and significant Aboriginal population (more susceptible to GDM), suggest that this may be the case.

Prince Albert Parkland and Saskatchewan rates of arthritis/rheumatism[7] appear to be higher than national rates, and females appear to be more susceptible.

Research has found that health care services have a minimal role in affecting health. There is a growing awareness that other factors, such as the social determinants of health, play a stronger role in influencing the health of a population.

The average earnings[8] of Prince Albert Parkland residents were $24,336 in 2001. This falls slightly below the provincial average. The average earnings of females in PAPHR were 32% lower than males. The earnings of Aboriginal people are 20% lower than the general population in PAPHR.

Fifteen percent of the Region's residents have an income below the low-income cut-off[9], meaning that they may be living in an impoverished state. One quarter of children in PAPHR live in low-income families. Both of these numbers are higher than provincial numbers.

Food security[10] is a major issue in our region. Provincially, one in 10 households have inadequate access to food; this problem is even more pronounced in Aboriginal people where one in three households (and 40% of households with children) are food insecure.

1—Statistics Canada. Data Tables and Maps. Health Status. Data from CCHS 3.1. 2005.

2—Saskatchewan Health. Health Information Solutions Centre. Hospital Discharges by Primary Diagnosis data set.

3—Saskatchewan Cancer Agency. Incidence Counts by RHA 2001-2005.

4—Statistics Canada. Data Tables and Maps. Health Status. Health Conditions. Adult Body Mass Index. Data from CCHS 2005.

5—Saskatchewan Health. National Diabetes Surveillance System Incidence and Prevalence data for Saskatchewan RHAs.

6— Houlden R. Commentary Gestational Diabetes Mellitus: An Increasing Problem. Canadian Journal of Diabetes. 2004; 28:196-200.

7—Statistics Canada. Data Tables and Maps. Health Status. Arthritis or rheumatism. Data from CCHS 2005.

8—Statistics Canada. 2001 Community Profiles. All Data. Data from 2001 Census of Population.

9—Statistics Canada. Low Income Rate (2000 Income) by Household Status. Data from 2001 Census.

10—Health Canada. CCHS Cycle 2.2, Nutrition (2004). Income-Related Household Food Security in Canada.

Since many individuals are financially disadvantaged and the Region has a large Aboriginal population in PAPHR, it can be presumed that the food security status of the population is bleaker than the provincial situation.

Support from families, friends and communities is associated with better physical and mental health[1]. This support may help people solve problems, deal with adversity, and enable them to maintain a sense of control over their life[2].

CCHS (2005) collected information about an individual's sense of community belonging for individuals aged 12 and over. The majority of PAPHR residents (almost 75%)[2] report a strong sense of community belonging. Approximately one in four PAPHR residents report a weak sense of community belonging. Little difference was found between PAPHR and Saskatchewan residents or between genders. Provincial and national data suggests that sense of community belonging may increase with age.

Table 3: Highest level of schooling for general population and aboriginal subgroup—PAPHR & SK, 2001

	General Population		Aboriginal Population	
	PAPHR	SASK.	PAPHR	SASK.
Less than Grade 12	31.5	27.6	44.0	45.0
Post-secondary graduate (certificate/diploma/degreee	49.6	51.6	35.3	34.0

* - Data from Statistics Canada 2001 Census, ages 20 to 29 for "less than grade 12", ages 25 to 54 for "post secondary graduate.

† - Data from Statistics Canada, 2001 Census Aboriginal Population Profiles for aboriginal identity 25 years and older

Education is a widely used indicator of socioeconomic status, and health status improves with level of education[2]. Education enhances health and prosperity by providing knowledge and skills for problem solving, and helping to provide a sense of control over life circumstances[6].

Those with low literacy are more likely to be poor and unemployed, suffer from worse health, and die earlier than other Canadians[3]. Those with higher levels of education have better access to healthy environments, are better able to prepare their children for school, and tend to make healthier choices (e.g. physical activity, nutrition and smoking)[2].

High school drop-outs are more likely to live in lone parent or "mixed" (other than "nuclear") family situations, are less likely to have a parent with a high school or post-secondary education, are more likely to have worked at a job for more than 30 hours a week in their last year of high school, and are more likely to have children or be a single parent[4]. Unfortunately, children of these individuals will also be less likely to finish high school.

Compared with Saskatchewan, a higher proportion of PAPHR residents have not finished high school, almost one in three residents (Table 3).

A much higher proportion of Aboriginal people have not finished high school (Table 3). The proportions of those who have completed post secondary schooling are similar for PAPHR and the province. A much lower percentage of Aboriginal people have any post secondary qualifications.

Housing affordability is a measure that counts households that spend 30% or more of total household income on shelter expenses such as utilities, mortgage payments, property taxes, or rent. House-

1—Statistics Canada. Data Tables and Maps. Non-medical determinants of health. Sense of community belonging. Data from CCHS 3.1 (2005).

2—Public Health Agency of Canada. Population Health. What Determines Health?

3—Public Health Agency of Canada. Toward a Healthy Future – Second Report on the Health of Canadians. Chapter 2: The Socioeconomic Environment.

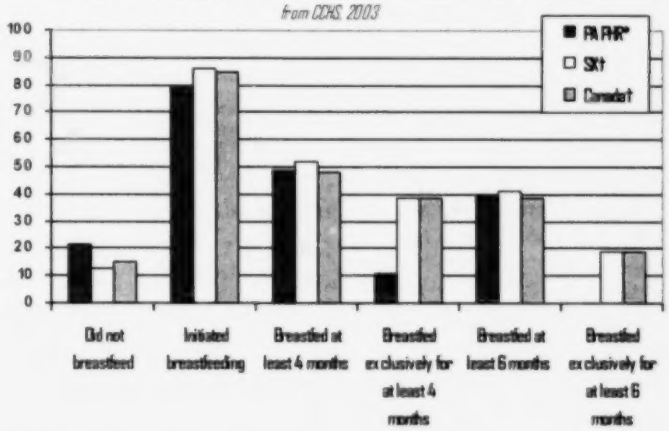
4—Public Health Agency of Canada. Population Health. Education as a determinant of health.

holds are considered to have affordability problems if more than 30% of household income is spent on housing costs, since in these cases it is likely that inadequate funds will be available for other necessities (food, clothing, and transportation). Housing affordability is more problematic for renters than owners.

Housing affordability patterns appear similar for PAPHR[1] and the province. More than one in three rental households, and more than one in 10 home ownership households spend an excessive amount of their household income on housing expenses. The family structure of PAPHR differs somewhat from provincial numbers. The Region has a higher percentage of lone parent families, particularly female lone-parent families—15% in PAPHR versus 12.9% for Saskatchewan[2]. Prince Albert Parkland has a similar proportion of couple families with children, and fewer single person households.

Chart 3: Breastfeeding rates

** data derived from PAPHR Breastfeeding survey, July1, 2004 to October 31, 2005 † data from CCHS, 2003*



The health choices that an individual makes, and adequacy of coping skills, have dramatic effects on health.

Almost 60% of PAPHR residents[3] are eating fewer than the recommended five servings of fruit and vegetables per day. Approximately 30% of PAPHR residents eat fruit and vegetables 5 to 10 times a day or more. Overall, PAPHR residents appear to eat fruits and vegetables less frequently than Saskatchewan and Canadian residents. Females appear to eat fruits and vegetables more frequently than males. Financial constraints may limit the purchase of fruits and vegetables for some PAPHR residents.

Exclusive breastfeeding (Chart 3) is the optimal method of feeding an infant for the first 6 months of life. Although the number of women who initiate breastfeeding in PAPHR is only slightly lower than that for Saskatchewan and Canada, the numbers of women who continue to exclusively breastfeed their infant at four months of age are dismally lower (72% lower than Saskatchewan rates).

Teenage pregnancy information is another important component of community health assessment. Teenage pregnancy includes live births, still births and abortion for females aged 15 to 19 years, and is expressed as a ratio per 1,000 population (of females in this age group). Teenage pregnancy rates are higher for PAPHR than the province[4]. Although rates for 2001 to 2005 were lower than the previous five-year period for both PAPHR and Saskatchewan, PAPHR rates were 42% higher than provincial rates during the latter of these two periods. This is a significant health concern as pregnant teens and babies born to teens are at higher risk for health complications.

The health benefits of physical activity are indisputable, yet half of the Region' residents are physically inactive. Unfortunately we now have an "epidemic of inactivity." Two thirds of Canadians are not physically active enough to receive any health benefits, and less than one-half of our young people are active enough for healthy growth and development (Table 2). In population health we know there are

1—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Housing Affordability. Data from Statistics Canada 2001 Census.

2—Statistics Canada. Data Tables and Maps. Community and health system characteristics. Lone-parent families. Data from: Statistics Canada 2001 Census.

3—Statistics Canada. Health Indicators. Data Tables and Profiles. Health Behaviours. Dietary Practices. Data from CCHS 2003.

4—Saskatchewan Health. Health Service Utilization Reports. Vital Statisitics. Teen Pregnancies.

many factors and barriers that affect the physical activity levels in our community such as income, accessibility and support.

High-risk behaviours

Smoking rates[1] in Saskatchewan are the highest in Canada (one in four people), and the rate in PAPHR is even higher at 31.5% of the population. It also appears that PAPHR residents start to smoke at an even younger age than elsewhere [2].

Although many Canadians drink alcohol in moderation and without causing harm, alcohol misuse and abuse is also a problem. It is estimated that 4 to 5 million Canadians engage in high risk drinking, which is linked to motor vehicle accidents, Fetal Alcohol Spectrum Disorder, family problems, crime, violence and numerous health issues[3].

PAPHR residents appear to have similar alcohol use patterns to those of Saskatchewan residents as a whole[3]. It is alarming that approximately two thirds of men in PAPHR engage in some degree of binge drinking (5 or more drinks on one occasion)[4].

The health implications of lifestyle choices are very apparent in the Prince Albert Parkland Health Region. Too much of the population is obese, not just overweight. These lifestyle issues (poor food choices, lack of activity) affect the burden of many health conditions including diabetes, heart disease and stroke. Although tobacco abuse has decreased nationwide to about 19%, it remains around 30% in Prince Albert Parkland. Cancer of the lung is the most common cause of cancer death in the Region.

High-risk behaviour is also evident in the rate of sexually transmitted diseases[5]. The rates for Chlamydia, gonorrhea are higher than provincial rates. The number of new HIV cases in PAPHR appears to be increasing dramatically. Hepatitis B and Hepatitis C are commonly transmitted through intravenous drug use. Hepatitis B has similar rates of occurrence to the province. Hepatitis C appears to have higher rates of occurrence than the province. Youth and young adults, particularly intravenous drug users and sex-trade workers, are impacted by these diseases.

In addition to the lifestyle choices and high-risk behaviours that can lead to poor health, there are several areas where preventative actions could improve health for residents of the Prince Albert Parkland Health Region. There is room for improvement in the Region's immunization rates[6]. Although immunization rates for children under two years of age and seniors (influenza) appear to be slowly increasing, the Region remains somewhat lower than provincial rates and well below national target rates. The influenza immunization coverage rates for PAPHR staff remain well below target. Effective public health screening measures include mammography and pap smear, but the rates for PAPHR remain well below provincial rates in both cases[7,8].

There are several important areas that the Region must address; however, it is not only the health care system that can impact people's health. The Region does have some troubling social indicators of health, particularly in areas of high-risk behaviours that lead to disability and death among the Region's young population. The Region will continue to work with urban and rural municipalities, First Nations, community organizations, school divisions and post-secondary educational institutions, to help build community and individual capacity to improve the health status of the people of this Region.

1—Health Canada. Healthy Living. Canadian Tobacco Use Monitoring Survey.

2—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Smoking Initiation.

3—Health Canada. Healthy Living. Alcohol.

4—Statistics Canada. Data Tables and Maps. Non-Medical Determinants of Health. Frequency of Drinking. Data from CCHS 2005.

5—Saskatchewan Health. Population Health Branch. Communicable Disease Control Unit. Communicable Disease dataset.

6—Saskatchewan Health. Population Health Branch. Saskatchewan Immunization Management System database.

7—Statistics Canada Data Tables and Maps. Screening Mammography. Data source was Canadian Community Health Survey Cycle 3.1 (2005).

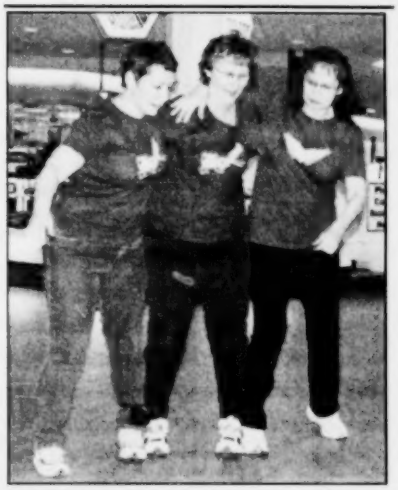
8—Saskatchewan Cancer Agency. Screening. Prevention Program for Cervical Cancer.

Performance Results

The Prince Albert Parkland Regional Health Authority board of directors approved a 2008-2012 Strategic Plan in March 2008. The plan reinforced the Region's mission and vision, and defined the values that are to guide the decisions of the board and senior management, as well as the day-to-day delivery of health care services and programs.

The Strategic Plan outlines four broad goals for the board and senior management, and with further definition of objectives to ensure those goals are achieved. Senior management makes regular reports on the progress towards achieving those objectives.

The goals are aligned with priorities of the Ministry of Health. They represent the services the Region provides, the efforts to reduce illness and injury, and the resources required to achieve those goals. The board of directors will require reporting on each of the goals and objectives, and within the Strategic Plan are tools for measuring progress. Those measurements often correspond with existing reporting requirements such as those for the Ministry of Health or the Canadian Institute for Health Information. The Region's administration has a reporting schedule and structure that to the board of directors receives regular reports on the Goals and Objectives.



Heart healthy teamwork

Prince Albert Parkland Health Region employees, including this trio of Paulette Martin, Barb Benson and Barb Sauve, from the Human Resources department participated in the City of Prince Albert's Heart Health Challenge in February 2009. The event involved teams of three from businesses in the community, and included several team events to encourage physical activity.

- **Goal—Ensure access to quality health care**
  - ⇒ Provide responsive, coordinated Primary Health Care.
  - ⇒ Enhance Regional Hospital referral capacity.
  - ⇒ Implement a rural health service model for primary care, including emergency services.
  - ⇒ Expand Telehealth capacity within the Region for clinical services, and professional education.
  - ⇒ Improve road ambulance emergency response.
  - ⇒ Enhance Mental Health and Addiction Services.
  - ⇒ Promote integrated early childhood development programs.
  - ⇒ Improve the quality of care at the end of life.
  - ⇒ Enhance all aspects of spirituality within the region's programs and services.
  - ⇒ Maintain access to supportive care.
  - ⇒ Enhance aboriginal health programming.
  - ⇒ Enhance quality of supportive care.
- **Goal—Empower individuals and communities to improve their health status**
  - ⇒ Complete a community health needs assessment.
  - ⇒ Build individual and community ownership of their health.
  - ⇒ Promote healthy lifestyle choices and disease prevention through an effective and comprehensive Health Promotion Plan.
  - ⇒ Expand community and individuals' capacity for Chronic Disease Management.

⇒ Promote a tobacco-free environment within the health region.
⇒ Increase the rate of vaccine utilization for preventable illness.
⇒ Ensure public health inspection standards are met or exceeded.

♦ **Goal—Foster an innovative, safe, quality and diverse workplace**

⇒ Ensure efficient and effective utilization of health human resources.
⇒ Develop a Physician Human Resource plan that supports the delivery of primary care and specialty services
⇒ Create a culture of safety with staff, physicians and volunteers
⇒ Attract and retain a representative workforce.
⇒ Improve workplace satisfaction through recognition events and ongoing job performance appraisals
⇒ Ensure employees are able to access professional development opportunities.
⇒ Strengthen relationships with unions and union leaders.
⇒ Promote the Region's volunteer program.

♦ **Goal—Support a sustainable, accountable, efficient and quality health care system**

⇒ Transform the organization to achieve the regional strategic priorities.
⇒ Promote a culture of Patient Safety
⇒ Commit to a regional quality improvement strategy.
⇒ Ensure regional infrastructure can support appropriate care in appropriate locations.
⇒ Ensure regional capital equipment can support appropriate care in appropriate locations.
⇒ Establish secure financial base to ensure adequate cash flow and fund balances
⇒ Ensure regional IT/IM systems meet the current and future requirements of staff, physicians and the public.
⇒ Enhance a culture of client confidence and trust.
⇒ Support innovation and the utilization of research findings to inform decision-making.
⇒ Develop partnerships and collaboration that support the strategic goals, including Health Care Organizations, communities, RHA partners, Aboriginal communities, key stakeholders, ex: RIC, advocacy groups, foundations
⇒ Strengthen relationships with significant service delivery partners, such as other RHAs.
⇒ Ensure the Region has an emergency preparedness plan.
⇒ Increase communication activities to improve knowledge of the health care system

This section will outline the Region's successes and challenges in working towards the achievement of those goals and the priorities identified by the Ministry of Health.

Ensure access to quality health care

The 2008-09 fiscal year had many initiatives to ensure the Region's residents have access to quality health care. The goal is about having access to the right person in the right place at the right time to ensure individuals have the appropriate care they need. Many challenges remain, but the Region has also enjoyed successes in the past year that have both immediate results and long-term implications for service delivery.

The aging population, combined with the high rate of chronic disease, and young acquired brain in-

jury patients whom are requiring long-term care placement are straining services. The Region has a wait list that has increased by 50 per cent over the last year with urban preference for beds evident. The opportunity to consider demographic need for the plans in our construction of Pineview Terrace in Prince Albert and Parkland Terrace in Shellbrook have come at an opportune time. The Region needs to consider the requirement for a complex care area to house those with high level needs such as tube feedings, ventilators, oxygen and suction requirements. As well , a behavior unit geared to the brain injured with appropriate programming will assist this population in living in a safe environment while keeping our frail elderly protected from potential aggression that brain injured people may exhibit.

The urban facilities continue to have high injury rates, high sick time and high overtime rates amongst our caregiving staff. Shifts ending in the early evening result in decreased numbers of staff over a 12-hour night that cause care lapses and at times injury for our residents and staff. In an attempt to alleviate this, the move to eight-hour shifts in one facility has been announced to the caregiving staff and will take effect on September 20, 2009.

Table 4: Surgical case target indicators– (PAPHR)

	2008-2009	2007-2008	2006-2007
Cumulative number of Surgical procedures	4826	4434	4499
Percentage of surgical case target	100.5	92.4	93.7
Variance from surgical case target	26	-366	-301
Cases waiting as of March 31	1090	914	805

Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry data mart (Saskatchewan Health)

There is a marked decline in enrollment at SIAST for the special care aide course, and this requires the Region to take steps through the human resources department to address this issue with SIAST as well as Gabriel Dumont Institute, along with pursuit of other recruitment initiatives.

The Region looks forward to regaining beds lost due to black mold in our Kinistino Jubilee Lodge facility. Residents will be admitted to renovated areas starting in July 2009. This will also assist in alleviating some of the pressures being felt in our acute care areas.

Demands on our acute care sites in Prince Albert and Shellbrook are increasing. Normally planned for an average of 85 per cent capacity, the Region is now averaging 97 per cent capacity in Prince Albert at the Victoria Hospital. Repatriation from Saskatoon to both facilities due to Saskatoon's over-capacity issues has added to the pressure on these facilities. Lack of long-term care beds in our urban centres leaves an average of 15 people waiting for placement in our hospitals at any given time.

While the Region was able to meet the target for the number of surgical procedures in 2008-2009 (Table 4), this was the first time in the past three years that the target number of cases was achieved. There have been a variety of issues, including bed capacity and specialist turnover, that have made it difficult to meet the targets. The number of individuals waiting for surgery is also increasing. The bed capacity issue is particularly challenging for orthopaedic patients (hip and knee replacements) who require inpatient beds for at least 4.5 days. The capacity challenges for the Victoria Hospital have resulted in longer than desired wait times for non-emergent surgeries. The Region struggles to meet the wait time targets (Table 5), particularly for those in Priority Level II and III.

The Region is making some progress on this front. The successful achievement of the hip and knee pathway which provides decreased length of stay and improved outcomes following surgery, was accomplished by a multi-disciplinary team of orthopedic surgeons, anesthetistist, physiotherapists, physiotherapist assistants, physicians, nurses and support staff throughout our Victoria Hospital and home care. The Region will work to meet the target of 250 hip and knee replacements in 2009-10.

Meeting the targets for our hip and knee program as a result of overcapacity and lack of beds is one of our main concerns. Surgical targets being considered by the province with reduction in wait times for surgery are also a challenge. The formation of the multi-disciplinary team in emergency to review admissions will potentially help to address this.

Our health status, however, indicates high numbers of chronic disease with resulting medical complications requiring hospitalization and placement. Sheer volume of people requiring services is the result and not enough acute care beds occurs. The Region has been given the opportunity to begin functional planning for the future and are working with specialists in this field to determine future acute care needs for Prince Albert. Future initiatives in the emergency departments to address areas where wait times and over capacity stretch the ability to serve the Region's patients are being explored. The Region hopes to address these areas over the next year.

Table 5: Surgical wait time indicators—Percentage of surgeries performed within target time frames (PAPHR)

	2008-2009	2007-2008	2006-2007
Priority Level I (within 3 weeks)	80.0	78.5	79.1
Priority Level II (within 6 weeks)	63.4	75.6	72.7
Priority Level III (within 3 months)	85.5	89.7	77.4
Priority Level IV (within 12 months)	98.0	98.8	98.2

Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry data mart (Saskatchewan Health)

The reconstruction of Shellbrook Hospital will also allow simultaneous functional planning and construction design to address the needs of this community.

Increasing wait lists for dialysis treatment in Prince Albert has led to funding to expand our current space. This will allow additional treatments in order to address those attending Saskatoon bringing them closer to home. Although the expansion at Victoria Hospital space addresses the short-term needs, the Region must consider the functional plan for the future. The diabetes rates in the Prince Albert Parkland service area are high with chronic kidney disease often a result, and future demand is expected to increase.

Chemotherapy treatments are being provided in very cramped space. Funding dollars for a small expansion to provide bathroom access and bed area has been received and the expansion will occur in the coming year.

Releasing Time to Care: Productive Ward is an initiative from the United Kingdom that is being brought to our province by the Health Quality Council. This is a program that has grass roots staff look at their process of work in their area and determine more efficient ways to achieve more time at the bedside. The Victoria Hospital surgical ward and Shellbrook Hospital have both applied to this project.

Expansion of the RN staff through the SUN/Government initiative has allowed an addition to the Intensive Care Team. As a result we are implementing a rapid response team to intervene in our care areas outside our intensive care unit if a patient is beginning to decline. Prevention of cardiac or respiratory arrest is the goal.

The Region has been making significant strides in achieving goals for diagnostic services. The volume of laboratory tests increased more than 9 per cent to 1,544,375, while the number of X-ray exams performed increased 5 per cent to 32,527. The Region is also outperforming the targets for Computed Tomography (CT) exams (Table 6).

A 24/7 Paramedic Service was established in April 2008 operating out of the Spiritwood Ambulance Care base and this now adds to and extends the already long established 24/7 paramedic service operating out of Prince Albert. Steps were also taken in 2008/09 to initiate training of EMS staff based in

Big River in the hopes that eventually there will also be enough paramedics there to establish and maintain a Big River paramedic ambulance service. This is especially important with unsuccessful efforts to recruit physicians and re-open the emergency departments at facilities in those communities.

The Region's Home Care program continues to grow. Health partners at the Cooperative Health Centre in Prince Albert were unable to continue their visiting nurse program and our home care nursing program has expanded to accommodate these clients. A new office in Prince Albert features an ambulatory care area that will allow clients to attend for treatments, intravenous therapy, wound care and so on, alleviating pressure in our ambulatory care areas.

Qmentum, Accreditation Canada's evaluation process, is being used by Home Care, with a focus on quality improvement initiatives in the area of fall prevention. Falls are one of the number one causes of hospitalizations and deterioration in the elderly. Preventing falls through education initiatives, exercise and awareness will add to the health of our aging population.

Table 6: Computed Tomography (CT) exam targets for PAPHR

	2008-2009	2007-2008	2006-2007
Actual number of patients	5415	4521	2969
Target number of patients	4460	2905	2905
Percentage of target	121.4	155.6	102.2

PAPHR database

Discharge planning for home care occurs in the Region's two hospitals. This group is part of a plan for improvement of flow-through, starting in the emergency department. As a part of the multi-disciplinary team, an assessment of potential care at home versus hospital admission will determine if the ability to prevent admissions is possible.

Management of the long term care assessment and screening process has been increasingly demanding as the Region's priority list of beds in long term care facilities grows. Sixty per cent of the priority list are waiting for beds in the Prince Albert area. Working with the Ministry of Health for solutions is occurring. The rebuilding of Pineview Terrace returning to a 50-bed capacity will help, although the realization of these beds will not occur for approximately two years.

Table 7: PAPHR wait times for admission to alcohol and drug services (in days)

	2008-2009	2007-2008	2006-2007
Outpatient services	9.6	9.4	n/a
Inpatient services (Youth)	15.7	17.1	54.5

Alcohol Drug and Gambling Information System (ADGIS) Saskatchewan Health

The Prince Albert Parkland Health Region has made significant investments in both mental health and addiction services, working in partnership with the Ministry of Health to address these priority areas. The region continued to operate the Pineview Youth Center for the treatment of substance abuse. The facility houses 6 clients at one time with an average stay of 28 days. For the fiscal year there were a total of 78 clients admitted with a completion rate of 68%. The wait time for inpatient services (Table 7) has been decreasing since the facility opened in 2006.

Construction continued throughout the year on the Brief and Social Detox Building located on the west side of the Mental Health Villas. The unit will house 8 brief detox clients and 6 social detox clients when it opens in late September 2009. The Region also is in the early planning stages for a Proposed Provincial Family Treatment Centre. Discussion continues with the Ministry of Health in relation to capital and operating costs for this center.

For the 2008-09 year, inpatient care was provided using only Crean Villa due to a shortage of RNs and RPN' to staff both of the Mental Health inpatient units at a safe level. Successful recruitment ef-

forts may allow both units to be operated in September 2009.

A review of Inpatient Mental Health Care was completed by Laurence Thompson Strategic Consulting. The review contained a number of recommendations for improvements to care being provided to this clientele. A steering committee is meeting to review the recommendations and develop action plans.

The sexual health clinic was relocated from McIntosh Mall to 101-15th Street East to allow for easier access and expanded hours for its clientele who are often marginalized. The clinic, now called, Access Place, operates the needle exchange and provides follow up care to those with illnesses relating to injection drug use and sexually transmitted illnesses.

Another program that continues to see growth is the Region's Primary Health Care Team (Table 8). The hiring of two more nurse practitioners in Kinistino and Big River completed the Region's goal for the roll out of primary care sites within the rural areas of the Region. The nurse practitioners use a team concept and incorporate community development into their work with communities.

The number of discrete (individual) clients seen by primary health services (Table 8) within the Region has doubled over the course of the year mainly due to the expansion in the number of NP positions and the ability to recruit NPs to the rural areas.

The Health Line in Saskatchewan has become a trusted telephone resource for health information and advice. It is an initiative under Primary Care and is operated by the Ministry of Health from a base in Regina. Callers can seek this service 24 hours per day and the number of calls are recorded by RHA of residence. There is no established target for the number of calls expected from RHA residents. In the PAPHR, the number of calls has declined as noted in the table at right. One possible reason for this could be the launch of Health Line On Line which is an internet based service where general health information can be obtained without waiting for a response on the telephone line.

Table 8: PAPHR Primary Health Care reach

	2008-2009	2007-2008	2006-2007
Percentage of RHA population with geographic proximity to primary health care teams (March of fiscal year)	42.18%	33.39%	16.40%
Number of discrete clients receiving primary health care services in the RHA	Q1-4573 Q2-5204 Q3-7974 Q4-9048	Q1-4610 Q2-4362 Q3-4765 Q4-4936	Q1-4534 Q2-3733 Q3-4658 Q4-4167
Number of persons receiving services from HealthLine for RHA—total for year	7278	8272	n/a

Primary Health Care Branch, Saskatchewan Health

Speech Language services in RHAs have focused mainly on the preschool age sector. In 2007 a major project entitled "Talking by 2" was initiated to promote early intervention for communication development. The goal of the program was to assess infants and toddlers and intervene in the early stages of childhood with a program to improve communication skills. The rationale is that the earlier the intervention, the better the long term functional communication outcomes for the child will be. The program has been measured over its life, and met and exceeded its target goal of 50% of referrals being received prior to the 3rd birthday.

For several years, the Therapies Department had noted a long wait list for what has been termed non-urgent cases for physiotherapy. Surprisingly it was noted that even when the client received an appointment after the wait, there was a high percentage of these clients who did not come.

The Department examined the problem and determined they would try a Drop in Clinic concept to clients whose referrals had been classed as non-urgent. These clients were placed on a wait list and later notified by mail with an invitation package to attend on a named day. No specific time was given and clients are seen in order of arrival. An evaluation of the new program was done and it was determined that the wait times had dropped, there was a high satisfaction rate, and that precious therapy time was being better utilized by clients who wished to receive the service.

Winter adjustments

Carlia Dimaya, right, and Julius Villamar, get a taste of snowmobiling after being invited by community members from Shellbrook. The two nurses are among a group of internationally-trained nurses that Prince Albert Parkland has recruited in the past year. They will be working in Shellbrook.

Photo courtesy Scott Moe

Empower individuals and communities to improve their health status

This goal is integral to the work of the Health Region due to its focus on prevention activities. The Health Status report (January 2008) clearly points to the social determinants of health, chronic disease and risky lifestyle practices as areas the Region needs to address over the long term.

Programs which are focused on this goal begin by building upon the capacity of individuals and communities to improve their health. This is accomplished by healthy public policy such as Tobacco Legislation as well as working with communities to identify health needs and plans to address them (Primary Care Teams, Advisory Networks, Falls Prevention).

The prevention of illness is accomplished as well by immunization programs and health inspection to ensure safety of the environments in which we live.

Other programs are more focused on the treatment aspect of care with the goal to empower those with illnesses to achieve their highest level of wellness possible. The largest portion of the Region's resources are focused on the treatment of illnesses as acute care and long term care continue to be highly utilized. Community based programs such as mental health and the health risk management centre (Diabetes Education Centre) are other examples of treatment focused programs. Harm reduction strategies such as provided by the Sexual Health Clinic focuses on reduction, prevention and treatment of infectious diseases.

The Region recognizes that this is one component of health assessment in general and that the report provides a baseline for many indicators of health status.

Each of the Region's Quality Teams set indicators which are tracked in the quality improvement process. This is another process for health assessments to occur in a more focused manner by program areas.

Prince Albert Parkland Health has undertaken a number of initiatives to promote healthier lifestyle choices. Some of those initiative include:

- A region wide ban was put in place on July 1, 2008 to prohibit the use of any tobacco products on any PAPHR property including buildings and grounds. The strategy included assistance with cessation for employees and nicotine replacement therapy for inpatients. A great deal of positive feedback for the new policy was received and the strategy fit well within the Health Region's plan to

decrease substance abuse by the use of healthy public policy. Prince Albert Parkland continues to have a higher incidence of smoking than the provincial and national averages.

- A Chronic Disease Strategy for the Region neared completion by the end of the fiscal year. The high incidence of diabetes and other chronic illnesses has been noted and the steering committee developing the strategy included both prevention and treatment as priorities within the plan.
- Strategy for health promotion campaigns is under development with input from variety of program areas. Different media including print, radio, television and internet, are utilized to promote a variety of topics. As an example, the Region has utilized "Ask the Expert" segments on both local radio and television to promote awareness of programs and to promote healthy lifestyle choices. This has ranged from warning signs for stroke to injury prevention messages.
- The Region has begun to develop a regional health literacy strategy. The initial pilot survey was completed by the public health nursing program. The survey was designed to identify gaps to literacy to help guide the development of a regional literacy strategy. A second pilot is being planned for the addictions staff in the fall of 2009. This is to raise awareness by staff of the literacy challenges facing the Region's patients, residents and clients, and to inform strategies to address those challenges.

Prince Albert Parkland also promotes good exercise through partnering with communities in developing physical activities. For example, the Healthy Choices for Kids Committee which is a partnership between the City of Prince Albert and local community schools, provides year long after school recreation programming that is free of charge and includes a nutritional component. The school nutritionist is providing assistance with the planning of the nutrition component. Within the rural communities there is a lack of paid recreation staff and most of the recreation/sporting opportunities are organized and overseen by a volunteer base. There are organized minor sport activities in most communities. However, availability and cost is an issue. There is certainly great potential to work with schools/school division and recreation boards within the Health Region to look at policies that would ensure that community members would have access to school gyms in the evening and after school hours.

In addition to physical activity, Prince Albert Parkland is working to address food security, i.e.: support and enhance the Smart Family Food Co-operative, build capacity in more communities. While the Prince Albert-based program is well established, the plan includes development of more rural sites.

Breaking Ground

On June 9, 2008, Ray Ewanchuk, second from right, of the Prince Albert Parkland Regional Health Authority, was joined by Chief Dale McFee, at left, Prince Albert Police Service; Mayor Jim Scarrow, City of Prince Albert; and Darryl Hickie, Minister of Corrections, Public Safety and Policing, for the sod turning at the location of a 14-bed acute and social detox facility in Prince Albert. The $2.85 million building will have an eight-bed area which will house those in the acute stages of substance abuse and provide a safe environment for their detoxification. The second area will house 6 social detox beds and will provide an opportunity for individuals to enter a 7-10 day detoxification process under the supervision of addictions counselors.

Other important activities to promote healthier and safer communities include:

- Work with "Safe Communities" structure to raise awareness of risk factors for falls, injuries Release of "The First Steps: Fall Prevention Starts With You" booklet in November 2007. Approval received to print more copies of this for distribution. The Falls Steering Committee is developing an action

plan

- Implement all elements of the Children's Mental Health Action Plan in partnership with northern and designated regional health authorities. Recruitment for two funded positions is ongoing (psychologist and child psychiatrist). No target date as recruitment is challenging. Dialogue occurring with pediatricians, psychiatrists, and Saskatoon Health Region about services to children.
- The Living Well Program is a volunteer- based program which provides a support network for individuals with chronic illnesses. Volunteers are trained using a specific format which was developed at Stanford University. The goal of the program is to support self management of chronic illnesses and is designed to be adapted to a number of chronic illnesses such as arthritis, diabetes, high blood pressure, lung disease. It is hoped that the groups will meet independently to provide support after the training is provided through the above sessions. A total of 75 individuals attended sessions held in 2008-09 in Prince Albert, Birch Hills and Kinistino.
- In Prince Albert Parkland, the frequency of genital Chlamydia cases has been increasing over the last number of years with almost double the number of cases in females vs. males. It can be problematic because some cases show no symptoms and can result in longer term problems such a prenatal complications or sterility.
- The Sexual Health Clinic does screening with referral and follow-up of cases and contacts for this and other sexually transmitted illnesses. At this time, there has not been a tracking history of the surveillance for this illness.

Table 9: Average age of PAPHR employee by union affiliation

	Average age
Canadian Union of Public Employees	44.8 years
Health Sciences Association of Saskatchewan	41.6 years
Saskatchewan Union of Nurses	44.7 years
Out-of-Scope (not affiliated with a union)	48.4 years

PAPHR Employee records

Table 10: Number of PAPHR employees who will be eligible to retire, by union affiliation

	2009	2010	2011
Canadian Union of Public Employees	102	42	56
Health Sciences Association of Saskatchewan	5	3	2
Saskatchewan Union of Nurses	35	19	16
Out-of-Scope (not affiliated with a union)	14	5	5

PAPHR Employee records

Foster an innovative, safe, quality and diverse workplace

The Prince Albert Parkland Health Region is committed to recruiting and retaining a qualified workforce. While the Region has been successful in recruiting efforts to reduce our overall vacancies, there are new challenges on the human resources front. With so many new staff hired, the Region must ensure all of our staff are appropriately trained and oriented to their new positions. The Region participates in the Provincial Mentorship Program in order to provide new graduate or newly hired nurses with the support required to transition to a competent professional.

The Region has undertaken several initiatives to recruit a variety of health-care professionals, including registered nurses, registered psychiatric nurses, physiotherapists, pharmacists, among the many providers necessary to ensure safe, quality services. In recent years, the Region's off-shore recruiting efforts have included nurses, particularly those trained in the Philippines.

Some additional recruitment initiatives include a trip to India with Indo-Can International , a career fair in Toronto hosted by Ontario Registered Nurses Association, as well as the SRNA convention and all SIAST career fairs to name a few.

The Region also hosted a local career fair in an effort to raise awareness of employment opportunities in the Prince Albert Parkland Health Region. This was also used as a forum to make students aware of careers in health care. There were about 300 people attending, with more than 50 resumes received and nine individuals hired. The Region is examining the potential for repeating this effort to for both immediate recruitment and awareness among students and the general population about the variety of careers in health care.

The aging workforce (Table 9) is not only a challenge among Registered Nurses and Registered Psychiatric Nurses, but includes a variety of professional and employee classification. The Region must recruit new employees to fill current vacancies as well as the anticipated vacancies caused by retirements (Table 10).

Prince Albert Parkland Health Region encourages students in health-related education programs by providing various work placements to assist them in meeting the practical components of those programs. Work Placements are designed to assist students in preparing for their future entry into the labour market by giving them an opportunity to gain practical experience related to their academic studies. Work Placements are valuable for the student, the employees involved and for the employer.

Currently, the Region has 56 signed Work Placement Agreements with 34 training institutions from Saskatchewan, Alberta, Ontario, British Columbia, Manitoba, North Dakota and Florida. The number of students (Table 11). utilizing the Region for their practicum/work placement has been increasing.

Table II: Number of student placements within PAPHR programs, during 2008-2009 fiscal year (not including medical school students)

	Totals
Continuing Care Assistant	46
Externship program	2
Licensed Practical Nurse	146
Nursing Education Program of Saskatchewan	56
Pharmacy Technician	2
Physical Therapy	11
Physical Therapy Assistant	1
Primary Care Nurse Practitioner	2
Rehabilitation Worker Program	1
Therapeutic Recreation	1
Total Student Placements	**268**

PAPHR Employee records

The Representative Workforce Coordinator/Career Pathing Advisor was instrumental in putting together a partnership agreement with SIAST, The Provincial Employment Strategy Committee, Apprenticeship Commission and the Region that result in a Red Seal Journeyman Cook program.

Prince Albert Parkland, like many health care providers in Saskatchewan and across Canada, has experienced a significant shortage of Registered Nurses. In 2008-09, the Region saw the results of a major recruitment effort from the Philippines. These nurses have integrated well into the community and the Region's facilities. They are eager to be part of Canada and the team. The Region made efforts to ensure the off-shore nurses had the best opportunity possible to succeed not only in writing their qualifying exams, but also in adapting to life in a new community. The Region partnered with community members and organizations to provide a welcoming environment. There was also a longer orientation period designed to particularly address the differences in the health care systems in Canada and the Philippines.

The most recent writing of the Canadian RN exam has seen 19 out of 23 pass on their first of three

possible attempts. This is a significant improvement over previous rates for Internationally Educated Nurses.

The Region has also made significant strides in recruiting new graduates from the local program through the Nursing Education Program of Saskatchewan. Many of them had student placements within the Region and the graduates have been hired, with the Region beginning to see vacancies filled.

In an effort to be competitive in attracting employees the Region offers incentives for hard to recruit positions. An individual in their final year of study as a full time student in a designated program may be eligible for a Student Bursary from the Prince Albert Parkland Health Region

In 2008-2009, the Region offered three one-year bursaries and 31 two-year bursaries, at a total cost of $130,000. This is the largest number of bursaries and the largest investment in this program. Most of the individuals receiving those bursaries are still working on their commitment. In previous years, the Region has seen most of the individuals complete their service commitment, while some have not and have had to pay back the bursary. Of those who complete the commitment, the majority remain employed by the Region.

Relocation assistance is available for new employees hired to permanent positions designated as hard-to-recruit. To be eligible for relocation assistance, the employee must relocate to the Region from another province/territory/country, or from outside the boundaries of the Region. Relocation assistance (substantiated by receipt) will be paid to a maximum of $2000 for an employee relocating from outside the province and $1000 for an employee relocating from outside the Region but within the province, in return for a one-year return-of-service commitment. In the past three years, the Region has offered 32 relocation grants, with 24 of those individuals currently remaining with the Region.

As part of creating a quality workplace, regional general orientation is being offered every month and additional sessions are being offered when there are large groups that need to participate. This provides new employees with an overview of the Region as well as some mandatory training. More recently Labour Relations has put together manager training sessions that are being offered once a month. All areas of the Human Resources Department are contributing with educational presentations for the managers.

Table 12: PAPHR Workers Compensation loss time claims, days per FTE

	2008-2009	2007-2008	2006-2007
Loss time claims	7.17	9.02	8.58
Lost-time days	465.10	411.24	383.54

Saskatchewan Workers Compensation Board

Table 13: Sick leave hours per full-time equivalent (FTE), by affiliation

	2008-2009	2007-2008	2006-2007
CUPE	89.98	85.32	81.56
HSAS	62.71	61.73	48.14
SUN	92.92	94.51	82.18
OOS	51.43	53.30	35.67
PAPHR TOTAL	85.60	82.94	76.25

SAHO payroll date system

Table 14: Wage-driven premium hours (overtime and other) per FTE, by affiliation

	2008-2009	2007-2008	2006-2007
CUPE	71.07	73.29	40.87
HSAS	8.03	8.28	5.85
SUN	100.93	88.61	79.21
OOS	10.75	13.02	16.92
PAPHR TOTAL	67.30	67.01	44.36

SAHO payroll date system

Like many other health care employers in Saskatchewan, Prince Albert Parkland is challenged by workplace injuries (Table 12) and high sick time rate usage (Table 13) by employees. This challenge adds to the burden of vacant positions and results in significant overtime costs for replacement em-

ployees (Table 14).

The PAPHR will participate in a provincial strategy to reduce workplace injuries in partnership with SAHO to develop a provincial health care safety strategy that would be in alignment with the Ministry of Health's strategic plan for all of the health regions.

This strategy is expected to include a measurable process, with LEAN concepts incorporated into the strategy, and will be a solution based plan that includes leadership, communication, measuring performance, accountability etc that would assist Pathway To Zero to reach the 50% target that was established to reduce and eventually eliminate injuries.

The PAPHR will develop a comprehensive Ability Management Program, including an Attendance Incentive Program to target a reduction in overall sick leave utilization .

The Region celebrated two injury free facilities both in our rural homes. Hafford Special Care Home and Primary Care Site in Hafford and Birchview Home in Birch Hills has excelled in safety initiatives becoming more conscious of and initiating prevention in all areas of their facilities. Crawl space management, environmental services waste water disposal, transferring and lifting techniques, and awareness of safety issues have all contributed to their successes.

Working safely

Top photo: Cecile Hunt, PAPHR's CEO, centre, presents Yolanda Ernst-Flannigan, left, and Barb Porter, co-chairs of the Birch Hills Health Facility Occupation Health and Safety Committee, with a plaque in recognition of the staff in Birch Hills having zero lost-time workers' compensation claims in 2008. Bottom photo: The presentation on March 30th in Birch Hills was followed by a similar presentation to staff at the Hafford Special Care Centre and Primary Care Site on March 31st, where Mrs. Hunt presented the plaque to Doreen Madwid, left, and Pat Nykiforuk, co-chairs of the Hafford Special Care Centre and Primary Care Site Occupation Health and Safety Committee.

Support a sustainable, accountable, efficient and quality health care system

The Prince Albert Parkland Health Region is committed to a health care system that is patient focused, with programs that are sustainable. The Region is accountable to the Ministry of Health and the public for the efficient use of its resources.

Prince Albert Parkland is involved in a number of initiative to address the quality and safety of health care programs and services. This is to ensure the patients, long-term care residents and community clients are receiving the appropriate care.

As part of the Safer Healthcare Now initiative, the Region has undertaken two pilot projects for medication reconciliation—one in long-term care at the Birchview Home in Birch Hills, and the other in the Intensive Care Unit at Victoria Hospital.

Expansion from the admission medication reconciliation to the transfer and discharge process is expected over the next year. Consideration to move this forward to the rest of the facilities and units will be initiated in conjunction with the Quality Management Department of the Region. This initiative ensures that each hand off of a person whom we care for is complete with no medication errors.

Table 15: PAPHR Financial Status Information

	2008-2009	2007-2008	2006-2007
Surplus (deficit) year-end	($280,079)	($3,782,174)	$179,229
Surplus (deficit) as percentage of total expenditures	(0.2%)	(2.6%)	0.1%
Number of days able to operate with working capital	(52.18)	(27.69)	(24.43)
Expenditures in program support funding pool as percentage of total operating expenditures	5.1%	4.8%	4.5%

PAPHR financial reports

Senior Management staff is participating in the provincial Quality as a Business Strategy initiative of the Ministry of Health and Health Quality Council. This initiative is to ensure there is a focus on quality in everyday activities at all levels of the organization—from the Regional Health Authority board of directors to the front line staff.

There were several other quality improvement and risk management initiatives in the Region:

- Preliminary work on patient flow was initiated in the Emergency Department at the Victoria Union Hospital using Clinical Practice Redesign methodology. Two other projects are underway to reduce wait times for Addictions Services and the Diabetes Education Centre.
- The Region continues to participate in the Acute Care Patient Experience Survey, conducted by the Health Quality Council.
- Recruiting practices began for the Chronic Disease Management Collaborative for Chronic Obstructive Pulmonary Disease and Depression which begin in fall 2009.
- Improving breast cancer care by reducing time from diagnostic imaging to biopsy.
- Implementation of best practice for surgical site infections.
- A sterilization audit on Region's sterilization processes was completed to ensure standards were met. Preliminary planning for the centralization of sterile reprocessing was initiated.
- Planning for the Rapid Response Team is underway. Team implementation is expected in June 2009.
- The Region's Privacy Officer remains focused on education, policy development and investigating privacy concerns

The Region is currently preparing for the next Accreditation Canada survey, which will take place in June 2010. The adoption of Qmentum has resulted in a new focus for the Region's accreditation teams. There are 22 teams for numerous care areas which have been formed. Their task is to complete the Accreditation Canada online surveys to determine areas for improvement. The Region expects to have many safety areas identified and will then put a plan in place to improve safety.

Since it was formed in 2002, the Prince Albert Parkland Health Region has struggled with financial challenges. Only once in the past seven years has the Region recorded a year-end surplus for operational expenditures. In 2008-09, the Region recorded a deficit of more than $280,000 (Table 15) on a revenue of $161 million. This followed significant additional funding from the Ministry of Health to address service volume pressures, particularly in acute care (Victoria Hospital and Shellbrook Hospital).

Some of the significant volume changes in recent years between 2005-06 and 2008-09 (April to December of each fiscal year) at the Victoria Hospital include:

- 17 per cent increase in total patient days

- 12 per cent increase in number of newborns
- 20 per cent increase in Intensive Care Unit patient days
- 3 per cent increase in Emergency Department visits
- 14 per cent increase in Ambulatory Care visits
- The average number of patients has increased from 88 per cent of capacity in 2005-06 to more than 96 per cent of capacity in 2008-09.

At Shellbrook Hospital, service volume changes from 2006-07 to 2008-09 (April to December of each fiscal year) include:

- 12.7 per cent increase in Emergency Department visits
- 27.2 per cent increase in laboratory exams
- 12 per cent increase in X-rays
- 4.5 per cent increase in inpatient days

Despite the additional funding announced in March 2009, the Region still reported in an operating deficit as of March 31, 2009. Overtime to replace vacant positions, sick time and vacation time for staff throughout the organization is a primary cost driver. The Region is continuing to focus on recruitment and retention of staff and other initiatives to reduce overtime hours and costs. This is to benefit not only the financial status, but also the quality of care and working environment for the Region's staff. If financial challenges remain, the Region will not have the required flexibility to address new priorities or build on existing programs.

Other important initiatives to ensure accountability include the development and testing of the Business Continuity Plan for the Information Technology system. The business impact analysis will begin to be addressed in the next fiscal year.

Emergency Preparedness planning is another top priority. The Medical Health Officer and Emergency Preparedness Officer received Incident Command System training to help begin the orientation to and adaption by PAPHR management and staff to the Ministry of Health's initiative to have all regions' Emergency Preparedness Plans follow a common Incident Command System approach. Pandemic Planning continues to be a priority with the Region's emergency preparedness preparations.

The Region has undertaken a number of key activities to address public confidence. This includes specific program initiatives, activities in the community and communication efforts. That has included public meetings and quarterly newsletters about the Region's activities. Addressing accessibility and quality of service is another key component of public confidence. When the public uses the system and are satisfied with the service they receive, it builds confidence.

Energy awareness

Judy Dunitz, right, Energy Performance Contracting Manager with SaskPower Energy Solutions, discussed the Prince Albert Parkland Health's energy and facility renewal program with Region staff at the Victoria Hospital. Awareness days were held in Prince Albert and Spiritwood in June. The Region contracted with SaskPower and Honeywell to improve energy efficiency through a variety of projects, while utilizing the savings to fund the projects. The Regional Health Centre and Corporate Office building in Prince Albert, and the Spiritwood and District Health Complex, will be done during the first phase of the $4.5 million program. SaskPower has guaranteed the Region annual savings of more than $370,000.

In partnership with the Ministry of Health, the Region has moved forward with several projects to address infrastructure needs. This includes replacement of the aging Pineview Terrace Lodge in Prince Albert, as well as an integrated facility to replace the Shellbrook Hospital and Parkland Terrace in Shellbrook.

These projects will significantly upgraded facilities and enhance quality of care for the patients and residents of these buildings.

There were several other projects to address capital infrastructure issues. Some were completed during the 2008-2009 fiscal year, while others will be completed over the next few years. These projects include:

- Kinistino Jubilee Lodge Project. The Region began a major renovation project to remove mould contamination and to redevelop 18 long term care rooms which did not meet fire, building and accessibility codes into 12 new long-term care bed spaces at an approximate cost of $750,000 and a projected completion date of July 2009.
- Pineview Terrace Lodge Roof and Rooftop Air Conditioners Replacement Project. Completed in summer 2008 to ensure patient and staff safety is not compromised.
- Prince Albert Home Care Offices Relocation and Leasehold Renovations. Initiated in the summer of 2008 and relocation completed in April 2009.
- Victoria Hospital Trailers' Installation. Two leased trailers were located adjacent to the Victoria Hospital in order to relocate Social Work, Discharge Planning, and Infection Control staff plus two meeting rooms out of the hospital and reclaim eleven acute care bed spaces for inpatient care.
- Victoria Hospital Current and Future Clinical Services Study - was initiated in January 2009 through a contract costing $125,000 with planning consultants RPG and anticipated to be completed June 30, 2009. Functional planning will follow, and a report will be submitted to the Ministry of Health for consideration.

Getting a lift

The Prince Albert Parkland Health Region received $1 million to purchase surgical equipment and safety equipment. Donna Billay, a Special Care Aide at the Herb Bassett Home, demonstrates a new lift that can assist residents. Daryl Hickie, the MLA for Prince Albert Carlton and Minister of Corrections, Public Safety and Policing, watches the demonstration.

- Shellbrook Hospital Renovations to permit addition of new Nurse Practitioners and a new X-ray Unit.
- Energy Retrofit Project, especially energy efficient lighting installed at all Prince Albert facilities as part of an Energy Performance Contract with SaskPower and Honeywell.
- Hafford Special Care Site and Primary Care Site received water treatment equipment and renovation costing approximately $25,000

The Region, along with the other three RHAs that own North Sask Laundry, have initiated a major expansion project. Begun in August 2008, this project will address occupational health and safety concerns. The project will cost approximately $6.9 million and completion is anticipated in September 2009.

The Prince Albert Parkland Health Region is committed to meeting the needs of the people of the Region and province. Access to quality health care service and a focus on a safe environment for patients, residents, clients and staff are the major focus of the Regional Health Authority board of directors, management, staff and physicians. This is done in a spirit of transparency and accountability to ensure efficient and effective use of both human and financial resources.

RSVP
Regional Special Volunteer Publication
Message from Sonya Jahn,
Brain Talk
Because You Love Your Little One
Children's Car Seats
Brain Teasers
Let us know
Notes to take home
What is my health problem?
What should I be doing?
What can I expect to happen?
Who do I call if I need help?
Patient Safety & Quality Manager
Partners in Safe Health Care
From the desk of Cecile Hurd, Chief Executive Officer
PRINCE ALBERT PARKLAND NEWS
Region celebrating Special Care Homes
Come celebrate with us!
HealthLine
1-877-800-0002
A place to call home
Prince Albert Parkland Health Region
Career Opportunities
www.pphr.sk.ca
Prince Albert Parkland Health Region
Live
Work
Play

Future Outlook and Emerging Issues

The Prince Albert Parkland Regional Health Authority is looking forward to the future with optimism, while recognizing that there are still significant challenges to ensure the health-care needs of the residents of the Region and province are met.

Several announcements in the past year will have a significant impact on the Region's operations during the next several years. Major capital projects have been announced in Shellbrook and Prince Albert, where the replacement of aging infrastructure will provide a better environment for the Region's patients, residents and clients.

Another exciting development was the approval to move forward with functional planning for the Victoria Hospital in Prince Albert. An assessment of service capacity needs will be part of this review, followed by consultation with staff and physicians to determine what could be in the future for the Victoria Hospital.

A challenge with the new projects is ensuring that capital expenditures are made wisely, and are able to meet both short-term pressures and long-term needs. It will be important to consider the demographics of not only the Prince Albert Parkland Health Region, but of the neighbouring regional health authorities served by this Region.

PAPHR continues to experience an increase in the number of confirmed cases of HIV particularly in the City of Prince Albert. This phenomena has also been noted in Regina and Saskatoon. The main risk factor for the spread of this illness is intravenous drug use. Services offered by the Region to address this are follow up and care for those with the illness and as a prevention, the needle exchange and public education to youth about the dangers of intravenous drug use.

The Prince Albert Parkland needle exchange program was part of the Ministry of Health's review of all provincial needle exchanges programs by an independent consultant. The review found that return rates were high [>90%] and that the exchanges do show effectiveness in preventing the spread of illnesses of this nature. The return rate in PAPHR specifically is 91.64% with 651,345 needles given out and 527,528 returned to Access Place and community drop boxes.

There continues to be a number of clients who present for services in the emergency room, and acute mental health, or through the Justice system. Often the behaviors of these individuals prohibit them from living either independently or within a supportive living situation such as a group home. In some extreme cases these persons have been banned from returning to their home communities due to their often violent and disruptive tendencies. As a result these individuals are occupying acute care resources and have no where to go. This continues to be an issue which has been discussed provincially and acknowledged as a significant gap.

The Region is looking forward to the recommendations from the provincial Patient First Review, which was launched in the fall of 2008. This review is gathering information from patients regarding their experience with health care services, as well as discussing those experiences with health-care providers and other stakeholders. The recommendations of the review, which also includes an separate review of health-care administration, are expected later in 2009.

A major issue that will need to be addressed soon is a strategy to address health care in rural and remote areas of the Region. The Region has not been able to recruit any physicians to reside in Big River as well as have only two physicians in Spiritwood. This has resulted in no local access to 24-hour acute care facilities. There is continued anxiety regarding this situation in both communities and the

surrounding areas. The Region has not changed any staffing levels at either location, knowing that it may be just as difficult to recruit nurses and other health providers if physicians to move to the community.

Discussions about the future continue with the communities. Meetings have been held with local municipal representatives to discuss what services continue to be available and what is being done to address concerns regarding access to emergency services. It is the emergency services that create the most anxiety in the local population. While there are ambulance services based in both communities, including paramedic services in Spiritwood, the distance to an acute-care facility is significantly longer than past experience. The Ministry of Health is doing a review of both road ambulance and air ambulance services. This review may result in recommendations to address some of these concerns, but a comprehensive approach to rural health care services in needed. While not all decisions may be welcome, decisions and actions are needed to move forward beyond the current state of the unknown future.

A rural health services action plan must meet the day-to-day primary health care needs, utilizing physicians, nurse practitioners and appropriate health care providers to address physical and mental health issues. Emergency services must also be available for those occasions when people are experiencing a crisis. The "what if" scenarios is often the topic of meetings with local community members, and it is the longer wait for ambulances or longer drive to a hospital that creates significant anxiety.

All of this is happening as health care providers are working to ensure that patient safety and quality of care remains the top priority. This has increased the emphasis on best practices and continuous quality improvement. There is a need to maintain the highest standards for infection control, not only to reduce the financial costs on the system, but most importantly to ensure patients, residents and clients are not harmed when they are receiving the health care services they need.

Management Report

PRINCE ALBERT PARKLAND HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

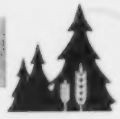
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer



AUDITORS' REPORT

To the Board of Directors
Prince Albert Parkland Regional Health Authority:

We have audited the statement of financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances, and cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

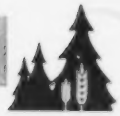
Prince Albert, Saskatchewan

Chartered Accountants

May 7, 2009

FINANCIAL STATEMENTS

For year ended March 31, 2009



PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
As at March 31, 2009

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008 (Note 11)
ASSETS					
Current assets					
Cash and short-term investments	$ 9,991,177	$ 43,462,741	$ 128,630	$ 53,582,548	20,016,705
Accounts receivable					
Saskatchewan Health - General Revenue Fund	148,035	-	-	148,035	60,796
Other	2,384,449	1,571,169	5,341	3,960,959	2,409,411
Inventory	751,837	-	-	751,837	826,945
Prepaid expenses	667,039	-	-	667,039	1,018,067
	13,942,537	45,033,910	133,971	59,110,418	24,331,924
Long Term Assets					
Long term receivables (Note 3)	-	-	694,798	694,798	698,486
Investments (Note 2, Schedule 2)	-	-	648,874	648,874	624,659
Capital assets (Note 4)	-	53,873,290	-	53,873,290	41,633,478
Total Assets	$ 13,942,537	$ 98,907,200	$ 1,477,643	$ 114,327,380	$ 67,288,547
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 8,319,924	$ 2,864,791	$ -	$ 11,184,715	$ 8,389,033
Other Payable - Prince Albert Grand Council	4,335,000	-	-	4,335,000	3,305,000
Accrued salaries	3,112,533	-	-	3,112,533	2,691,787
Vacation payable	8,225,916	-	-	8,225,916	7,260,151
Mortgages payable - Current (Note 6)	-	390,603	-	390,603	714,293
Deferred revenue (Note 7)	4,840,741		-	4,840,741	3,602,371
	28,834,114	3,255,394	-	32,089,508	25,962,635
Long Term Liabilities					
Mortgages payable (Note 6)	-	7,143,170	-	7,143,170	7,571,876
Total Liabilities	28,834,114	10,398,564	-	39,232,678	33,534,511
Fund Balances:					
Invested in capital assets	-	43,474,726	-	43,474,726	33,312,070
Externally restricted (Schedule 3)	-	48,026,171	1,477,643	49,503,814	9,634,143
Internally restricted (Schedule 4)	21,316	1,266,947	-	1,288,263	1,239,696
Unrestricted	(14,912,893)	(4,259,208)	-	(19,172,101)	(10,431,873)
Fund balances – (Statement 2)	(14,891,577)	88,508,636	1,477,643	75,094,702	33,754,036
Total Liabilities & Fund Balances	$ 13,942,537	$ 98,907,200	$ 1,477,643	$ 114,327,380	$ 67,288,547

Commitments (Note 5)
Mortgages (Note 6)
Pension Plan (Note 12)
Asset Retirement Obligations (Note 5)

Approved by the Board of Directors

The accompanying notes and schedules are part of these financial statements

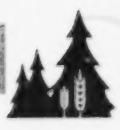
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2009

	Operating Fund			Restricted Funds			
	Budget 2009	2009	2008 (Note 11)	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008 (Note 11)
REVENUES							
Saskatchewan Health - general	$134,224,207	$147,591,873	$131,273,957	$ 43,083,513	$ -	$ 43,083,513	$ 12,659,149
Other provincial	533,000	733,830	439,738	-	-	-	-
Federal government	100,000	213,082	96,162	256,730	-	256,730	306,646
Funding from other provinces	-	-	-	-	-	-	-
Special funded programs	955,000	693,084	620,290	-	-	-	-
Patient fees	6,302,000	6,233,967	6,168,970	-	-	-	-
Out of province (reciprocal)	600,000	585,255	597,850	-	-	-	-
Out of country	-	51,909	8,082	-	-	-	-
Donations	-	109,119	95,739	742,959	-	742,959	808,465
Investment	200,000	269,763	224,633	320,169	27,992	348,161	348,823
Ancillary	936,950	1,027,862	1,043,045	-	-	-	-
Recoveries	2,626,000	3,913,920	2,580,408	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	34,333	18,836	30,567	1,503,759	-	1,503,759	33,643
Total revenues	146,511,490	161,442,500	143,179,441	45,907,130	27,992	45,935,122	14,156,726
EXPENSES							
Province wide acute care services	1,818,984	2,101,375	1,853,250	-	-	-	-
Acute care services	57,200,831	65,264,163	57,910,362	2,551,759	-	2,551,759	3,146,685
Physician compensation - acute	11,087,848	10,781,484	10,151,996	-	-	-	-
Supportive care services	34,610,106	37,061,237	35,312,053	1,599,283	-	1,599,283	1,516,954
Home based service - supportive care	7,203,756	7,299,632	6,667,311	20,083	-	20,083	21,306
Population health services	4,595,011	4,763,153	4,295,577	10,674	-	10,674	17,240
Community care services	11,443,720	11,221,722	9,970,612	14,682	-	14,682	6,627
Home Based Services - acute & palliative	2,246,582	2,353,695	2,091,942	5,339	-	5,339	5,664
Primary health care services	2,088,262	2,438,268	1,927,532	40,039	-	40,039	38,937
Emergency response services	3,003,069	3,153,011	2,917,304	-	-	-	-
Mental health services - inpatient/ residential	4,171,064	3,638,826	3,621,256	-	-	-	-
Addictions services - residential	-	-	-	-	-	-	-
Physician compensation - community	1,496,869	1,994,437	1,825,883	-	-	-	-
Program support services	7,718,386	8,170,723	7,097,788	(30,884)	-	(30,884)	191,039
Special funded programs	774,664	789,613	671,214	-	-	-	-
Unrealized loss - financial instruments	-	-	-	-	-	-	-
Ancillary	520,917	691,240	647,535	103,402	-	103,402	104,549
Total expenses (Schedule 1)	149,980,069	161,722,579	146,961,615	4,314,377	-	4,314,377	5,049,001
Excess (Deficiency) of revenues over expenses	(3,468,579)	(280,079)	(3,782,174)	41,592,753	27,992	41,620,745	9,107,725
Fund Balances, beginning of year		(11,853,053)	(8,036,406)	44,151,496	1,455,593	45,607,089	36,468,023
Interfund transfers (Note 15)		(2,758,445)	(34,473)	2,764,387	(5,942)	2,758,445	34,473
Fund balances, end of year		$(14,891,577)	$ (11,853,053)	$88,508,636	$ 1,477,643	$89,986,279	$ 45,610,221

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW*
For the year ended March 31, 2009

	Operating Fund		Restricted Funds			
	2009	2008 (Note 11)	Capital Fund	Community Trust Fund	Total 2009	Total 2008 (Note 11)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$ (280,079)	$ (3,782,174)	$ 41,592,753	$ 27,992	$ 41,620,745	$ 9,107,725
Net change in non-cash working capital (Note 8)	6,686,254	2,486,151	(1,428,149)	(16,504)	(1,444,653)	958,144
Amortization of capital assets	-	-	3,905,437	-	3,905,437	4,529,247
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	(308,936)	-	(308,936)	116,838
	6,406,175	(1,296,023)	43,761,105	11,488	43,772,593	14,711,954
Purchase of capital assets						
Land and leasehold improvements	-	-	(16,167)	-	(16,167)	(198,048)
Buildings/construction	-	-	(608,041)	-	(608,041)	(662,535)
Equipment	-	-	(4,660,813)	-	(4,660,813)	(3,086,817)
Construction in Progress	-	-	(11,009,045)	-	(11,009,045)	
Proceeds on disposal of capital assets						
Land and leasehold improvements	-	-	84,086	-	84,086	
Equipment	-	-	373,666	-	373,666	6,547
Purchase of long-term investment	-	-	-	(27,347)	(27,347)	(15,191)
	-	-	(15,836,314)	(27,347)	(15,863,661)	(3,956,044)
Repayment of debt	-	-	(752,396)	-	(752,396)	(716,514)
Net increase (decrease) in cash & short term investments during the year	6,406,175	(1,296,023)	27,172,395	(15,859)	27,156,536	10,039,396
Cash & short term investments, beginning of year	6,343,447	7,673,943	13,525,959	150,431	13,676,390	3,602,521
Interfund transfers (Note 15)	(2,758,445)	(34,473)	2,764,387	(5,942)	2,758,445	34,473
Cash & short term investments, end of year (Schedule 2)	$ 9,991,177	$ 6,343,447	$ 43,462,741	$ 128,630	$ 43,591,371	$ 13,676,390

*Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48)



1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area know as the Prince Albert Parkland Health Region, under section 27 of *The Act*. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
MLCN Elders Care Home Inc
S.H.A.R.E

Note 10b (i) provides disclosure of payments to CBOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of account-

ing for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans, or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As of March 31, 2009 (2008 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Long-term receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2009	2008
Kinistino and District Health Foundation Inc.	**$ 592,493**	$ 591,524
Birch Hills and Area Health Care Foundation Inc.	**102,305**	106,692
	$ 694,798	$ 698,486

4. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 644,796	$ -	$ 644,796	$ 650,420
Land Improvements	968,337	756,459	211,877	223,740
Buildings	75,480,110	42,963,616	32,516,494	34,070,748
Equipment	28,567,375	19,235,975	9,331,400	6,528,891
Construction in progress	11,168,724	-	11,168,724	159,679
	$ 116,829,341	$ 62,956,050	$ 53,873,290	$ 41,633,478

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2009, commitments for acquisition of capital assets were $264,603 (2008 - $704,668).

Operating Leases

b) Minimum annual payments under operating leases on property and equipment over the next 4 years are as follows:

2010	$260,663
2011	236,795
2012	236,795
2013	16,994

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the current fiscal year.

f) Long-term Care Facility Commitments

As at March 31, 2009, the Ministry of Health provided the Prince Albert Parkland Health Region with funding in the amount of $28,100,000 to be used to construct two long term care facilities. (Pineview Terrace Lodge – Prince Albert & Parkland Terrace/Shellbrook Hospital)

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2009	Balance Outstanding 2008
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $756,600	**$ 748,733**	$ 808,694
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $564,700	**549,913**	576,299
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by CMHC – Mortgage renewal date – February 1, 2030. NBV of pledged assets is $379,700. Unearned equity portion equals $18,188	**255,478**	289,643
Herb Bassett Home CMHC, due March 1, 2009			-	347,453
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $1,104,400	**1,073,402**	1,144,544
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016. NBV of pledged assets is $515,000	**506,598**	539,447
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**59,935**	68,013
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is 1,051,100	**1,029,869**	1,089,402
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $30,503. Mortgage renewal date – April 1, 2027.NBV of pledged assets is $579,600	**453,709**	465,602
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015. NBV of pledged assets is $420,000	**415,245**	439,518
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $1,258,500	**1,171,539**	1,215,604
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by CMHC. Mortgage renewal date – June 1, 2015. NBV of pledged assets is $1,301,600	**1,269,352**	1,331,949
			7,533,773	8,286,169
Less: Current portion			**390,603**	714,293
			$ 7,143,170	$7,751,876

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMCH). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2010	$ 390,603	2013	$ 470,553
2011	$ 415,592	2014	$ 500,813
2012	$ 442,198	2015 and subsequent	$ 5,314,014

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	39,800	7,860	18,060	50,000
Autism Intervention Training	23,575			23,575
Autism Spectrum Disorders Services	-	4,612	200,000	195,388
Children's Mental Health	457,401	369,234	415,410	503,577
Cognitive Disabilities	51,515	175,018	175,000	51,497
Community Mental Health	84,000			84,000
Cont. Education/Development	138,247	51,117	35,535	122,665
Corrections	163,707	184,565	253,000	232,142
Epidemiological Monitoring	50,000			50,000
Family Support/Rehab	19,042			19,042
Family Treatment & Social Detox	-		100,500	100,500
Health Promotion Status Report	-		5,000	5,000
Healthy Workplace Action Strategy	-		75,000	75,000
Hemiplegia Education Event	-		15,400	15,400
Human Papillomavirus Vaccine	-	-	41,324	41,324
Hip and Knee Pathway	39,559	419,559	380,000	-
Lower Immunization Rates	15,000	12,173		2,827
Meningococcal Catch Up	4,640	4,640		-
Muskeg Lake	-		50,000	50,000
Needle Exchange - AEN	7,000	29,000	22,000	-
Nursing Mentorship	51,680	399,035	514,900	167,545
Nursing Professional Development	-		66,968	66,968
Nursing Vacany	-		21,600	21,600
Primary Care	403,459	1,264,021	1,243,400	382,838
A & D Initiatives	1,453,744	2,261,758	2,370,665	1,562,651
Public Health - Mumps	8,400		23,980	32,380
Quality Health Workplace	91,760	49,683	34,632	76,709
Safe Needle Cleanup	-		33,000	33,000
Safety Training	-		100,000	100,000
Vaccination - Under serviced Area	12,800	27,800	15,000	-
Youth Criminal Justice Act	10,936			10,936
Total Sask Health	**$3,126,265**	**$5,260,075**	**$6,210,374**	**$4,076,563**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 461,823	$ 867,704	$ 737,371	$ 331,490
Health Promotions	6,500	2,548		3,952
Integrated Case Management Training	-		8,565	8,565
Nursing Recruitment	-		375,133	375,133
Tiny Eye	5,622			5,622
Other	2,161	20,580	57,834	39,415
Total Non Sask Health	**$ 476,106**	**$ 890,832**	**$1,178,903**	**$ 764,177**
Total Deferred Revenue	**$3,602,371**	**$6,150,907**	**$7,389,277**	**$4,840,741**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
(Increase) Decrease in accounts receivable	$ (108,966)	$ 423,551	$ (1,533,275)	$ 7,142	$ (1,526,133)	$ 221,622
(Increase) Decrease in inventory	75,108	9,718	-	-	-	-
(Increase) Decrease in prepaid expenses	173,574	193,264	177,454	-	177,454	(177,454)
Increase (Decrease) in accounts payable	996,131	205,210	2,829,552	-	2,829,552	-
Increase (Decrease) in accrued salaries	420,746	497,338	-	-	-	(61,222)
Increase (Decrease) in vacation payable	965,765	644,156	-	-	-	-
Increase (Decrease) in interfund loans	2,925,526	(975,198)	(2,901,880)	(23,646)	(2,925,526)	975,198
Increase (Decrease) in deferred revenue	1,238,370	1,488,112	-	-	-	-
	$ 6,686,254	$ 2,486,151	$ (1,428,149)	$ (16,504)	$ (1,444,653)	$ 958,144

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009 was $105,028 (2008 - $119,867). These amounts are not reflected in the financial statements

	2009	2008
Patient / resident	$ 77,374	$ 93,280
Leoville Union Hospital –Pre-amalgamation	27,654	26,587
	$ 105,028	$ 119,867

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

	2009	2008
Accounts Receivable		
Sask Health Info Network	$ 258,723	$ 267,778
Sask Health Info Network	97,314	48,141
WCB	171,694	90,704
	$ 527,730	$ 406,623
Accounts Payable		
Dept of Property Management	$ 76,746	$ 58,090
Ministry of Finance	31,515	37,050
North Sask Laundry	193,398	374,780
SAHO	356,578	458,823
Sask Energy	105,180	77,195
Sask Power	159,353	14
Sask Tel	43,004	43,210
SHEPP	717,646	987,782
WCB	939,810	987,782
	$ 2,623,230	$ 3,024,725
Revenues		
North Sask Laundry	$ 222,145	$ 264,698
S.G.I.	792,740	725,372
WCB	569,359	281,275
	$ 1,584,244	$ 1,271,346

	2009	2008
Expenditures		
Canadian Mental Health	$ 160,348	$ 189,577
Dept of Property Management	639,598	536,274
Ministry of Finance	137,208	224,997
North Sask Laundry	2,495,096	2,394,935
Public Employees Pension	351,913	223,200
S.A.H.O.	6,237,775	5,403,681
S.H.A.R.E.	484,042	452,853
Sask Energy	735,910	695,844
Sask Mobility	137,034	144,276
Sask Power	5,294,971	1,208,404
Sask-Tel	355,461	535,354
SHEPP	9,542,274	8,395,795
WCB	1,784,840	2,026,886
	$ 28,356,468	$ 22,432,075
Pre-Paid Expenses		
North Sask Laundry	$ 114,070	$ 114,070
S.A.H.O.	-	115,250
WCB	442,881	422,644
	$ 556,951	$ 651,964

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBO's and Third Parties:

	2009	2008
Canadian Mental Health Association	$ 160,348	$ 189,577
MLCN Elders Care Home Inc.	750,000	-
Cooperative Health	260,857	224,555
Family Futures	47,171	48,288
Prince Albert Mobile Crisis Unit	66,237	64,000
Prince Albert Early Childhood Intervention	42,967	42,001
S.H.A.R.E.	484,042	452,853
Blaine Lake Ambulance	295,804	273,197
Parkland Ambulance	2,549,505	2,214,145
Spiritwood Ambulance	821,846	765,146
	$5,478,770	$4,273,762

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and

objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2009	2008
Mont St. Joseph Home Inc.	$6,406,904	$6,251,376

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2009 and 2008.

Mont. St. Joseph Home Inc.:

	2009	2008
Balance Sheet		
Assets	$ 639,238	$ 463,591
Net Capital Assets	10,331,892	10,577,773
Total Assets	$ 10,971,130	$ 11,041,364
Total Liabilities	$ 1,491,846	$ 1,293,147
Total Net Assets (Fund Balances)	9,479,284	9,748,217
	$ 10,971,130	$ 11,041,364
Results of Operations		
RHA Grant	$ 6,406,904	$ 6,251,376
Other Revenue	2,009,115	1,887,491
Total Revenue	$ 8,416,019	$ 8,138,867
Salaries & Benefits	$ 6,804,662	$ 6,660,885
Other Expenses*	1,880,290	1,884,351
Total Expenses	$ 8,684,952	$ 8,545,236
Excess Revenue over Expenses	$ (268,933)	$ (406,369)
*Other Expenses includes amortization of $411,934 (2008 - $401,556)		
Cash Flows		
Cash from Operations	$ 261,737	$ 178,500
Cash used in Financing Activities	(2,187)	(79,303)
Cash used in Investing Activities	(166,053)	(101,690)
Increase in cash	$ 93,497	$ (2,493)

*Cash used in investing activities includes capital purchases of $66,053 (2008 - $101,690)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $594,993 (2008-$568,078) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $449,357 (2008 - $532,168) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2009 and 2008 are as follows:

Balance Sheet	2009	2008
Total Assets	$ 1,453,999	$ 1,217,787
Total Liabilities	133,625	418,875
Total Net Assets (Fund Balances)	1,320,374	798,912
	$ 1,453,999	$ 1,217,787
Results of Operations		
Total Revenue	1,856,371	652,741
Salaries & Benefits	153,646	75,396
Other Expenses*	1,181,264	38,655
Total Expenses*	1,334,910	114,051
Excess Revenue over Expenses	$ 521,461	$ 538,690

*Total Expenses include contributions of $449,357 (2008 - $532,168) to the Regional Health Authority and amortization of $1,100 (2008 - $1,550)

Cash Flows		
Cash From Operations	$ 135,445	$ 388,189
Cash Used in Financing Activity		-
Cash Used in Investing Activity*	370,000	-
	$ 505,445	$ 388,189

*Investing Activities includes capital purchases of $370,000 (2008 - $0)

11. Comparative Information

Certain 2007-08 balances have been reclassified to conform to the current year's presentation.

12. Pension Plan

Employees of the RHA participate in one of the following pension plans:

a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

b) Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

c) Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to $5,085,837 (2008 - $4,552,425) and is included in benefits in Schedule 1.

	2009				2008
	SHEPP**	PSSP	PEPP	Total	Total
Number of active members	1,896	2	36	1,934	1,852
Member contribution rate, percentage of salary	5.85-7.35%*	6.55-8.23%*	6.55-8.23%*		
RHA contributions rate, percentage of salary	5.85-7.35%*	6.55-8.23%*	6.55-8.23%*		
Member contributions (thousands of dollars)	4,372	9	140	4,521	4,138
RHA contributions (thousands of dollars)	4,896	40	149	5,085	4,552

* Contribution rate varies based on employee group

** Active members include all employees of the RHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

13. Budget

The RHA Board approved the 2008-2009 budget plan on June 25, 2008.

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $7,991,100 (2008 - $8,365,213) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Short-term Borrowing/Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2008 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2009 was $647 (2008 - $510).

e) Risk Management Policy

The Regional Health Authority as part of operations has established policies related to investments and purchasing. Investment policy is tied to the Trustee Act and maximum equity amounts. Purchasing policy ensures that best practice procedures for the purchase of fixed assets and supplies are followed. In seeking to meet these objectives the Regional Health Authority follows policies approved by the Board Finance Audit Committee.

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	2,942	(2,942)	-	-	-
SHC reserves	(19,582)	19,582	-	(34,473)	34,473	-
Mortgage Payments	-	-	-	-	-	-
Other	(2,738,863)	2,741,863	(3,000)	-	-	-
	$ (2,758,445)	$ 2,764,387	$ (5,942)	$ (34,473)	$ 34,473	$ -

16. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of the outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

18. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd., which supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cash flows to operate effectively. North Sask Laundry and Support Services Ltd. is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. The Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $22,888.

19. Capital Disclosure

The Prince Albert Parkland Regional Health Authority objective when managing capital is to safeguard the entity's ability to continue as a going concern, and plan for the replacement of equipment so that it can continue to provide health service. The Authority insures all assets at replacement cost and maintains assets through a five year capital equipment plan and capital management plan that is supported by a capital infrastructure review. The Authority manages the following Capital Elements:

Investment in Capital Assets:	$43,474,727
Internally Restricted Reserves:	$ 1,266,947
Externally Restricted Reserves:	$48,026,171

20. Natural Gas Supply Contracts

The Prince Albert Parkland Regional Health Authority has entered into natural gas supply contracts. The current contracts will expire on October 31st, 2009; the contract for the Victoria Hospital is set at the spot rate for natural gas, the contract for all other facilities is set at $8.45/gigajoule (gj). Gas contracts in place for the Victoria Hospital for the period November 1st, 2009 to October 31st, 2010 guarantee pricing at $7.75/gj. Gas contracts in place for all other facilities for the period November 1st, 2009 to October 31st, 2011 guarantee pricing at $7.45/gj.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATE EXPENDITURES BY OBJECT
For the year ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008 (Note 11)
Operating:			
Board costs	$ 140,620	$ 84,536	$ 95,564
Compensation - Benefits	16,080,829	16,790,369	15,218,195
Compensation - Salaries	83,881,228	91,907,488	83,633,153
Diagnostic imaging supplies	136,128	153,625	144,152
Drugs	2,239,879	2,436,860	2,136,112
Food	2,146,168	2,102,064	2,108,355
Grants to ambulance services	2,952,350	3,125,247	2,887,556
Grants to third parties	6,886,834	7,904,538	6,758,093
Housekeeping and laundry supplies	1,113,517	1,084,594	1,029,109
Information technology contracts	1,314,605	797,582	1,226,321
Insurance	298,502	298,847	225,414
Interest	11,225	28,923	47,989
Laboratory supplies	1,000,735	1,065,064	919,121
Medical and surgical supplies	2,795,693	3,202,553	2,661,918
Medical remuneration and benefits	12,818,606	12,863,099	12,002,753
Office supplies and other office costs	579,198	526,005	509,955
Other	2,419,236	2,290,981	1,889,679
Other referred out services	2,791,341	2,953,277	2,688,068
Professional fees	619,165	635,980	626,088
Prosthetics	685,142	824,087	611,162
Purchased services	865,248	1,487,545	1,437,583
Rent/lease costs	2,132,815	2,889,912	1,981,967
Repairs and maintenance	1,143,986	1,336,226	1,414,852
Service Contracts	712,096	646,272	594,813
Travel	1,293,220	1,704,452	1,329,388
Utilities	2,921,703	2,582,453	2,784,255
	$ 149,980,069	**$ 161,722,579**	**$ 146,961,615**
Restricted:			
Amortization		$ 3,905,437	$ 4,529,247
Loss/(Gain) on disposal of fixed assets		(308,936)	116,838
Mortgage Interest		379,219	397,921
Other		338,657	4,995
		$ 4,314,377	**$ 5,049,001**

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the year ended March 31, 2009

For the Year Ended March 31, 2009	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 11,157,438			
CIBC - GIC	2,025,700	8/30/2010	4.27%	
CIBC - GIC	10,000,000	3/9/2011	2.75%	
CIBC - Wood Gundy Cash	18,000,078			
Province of British Columbia	7,383	1/9/2010	5.02%	
Province of British Columbia	1,572,717	12/1/2009	2.70%	
Province of Ontario	828,055	12/2/2009	3.25%	
Total Cash & Short Term Investments	43,591,371			
Long Term				
Shellbrook Credit Union	10,858	4/5/2010	2.68%	
Shellbrook Credit Union	14,297	9/18/2009	4.50%	
Shellbrook Credit Union	128,048	3/25/2011	1.70%	
Shellbrook Credit Union	153,669	6/1/2010	2.40%	
Shellbrook Credit Union	61,325	2/20/2009	1.10%	
Shellbrook Credit Union	56,731	3/14/2012	2.00%	
Shellbrook Credit Union	92,761	3/14/2010	2.55%	
Shellbrook Credit Union	54,324	5/7/2010	4.47%	
Shellbrook Scotia Bank	30,212	8/24/2010	4.00%	
Shellbrook Scotia Bank	39,165	2/20/2012	3.30%	
Shellbrook Credit Union Cash	7,484			
Total Long Term Investments	648,874			
Total Restricted Investments	**$ 44,240,245**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 10,295			
C.I.B.C. - Prince Albert, Sk	5,539,307			
Shellbrook Credit Union	7,202			
Marcelin Credit Union	4,829			
Leoville Credit Union	6,738			
Scotiabank (Kinistino)	12,642			
Spiritwood Credit Union	3,252			
CIBC - GIC	79,600	4/25/2011	4.62%	
CIBC - GIC	1,000,000	4/26/2010	4.40%	
CIBC - GIC	134,800	3/9/2011	2.75%	
CIBC - RES	869,780	3/28/2011	4.64%	
CIBC - Wood Gundy Equity	188,582			
Ontario Hydro Global	139,683	4/15/2012	3.70%	
Province of British Columbia	170,219	1/9/2010	5.02%	
Province of British Columbia	124,173	9/8/2011	4.45%	
Province of Ontario	212,631	6/2/2013	4.53%	
Province of Ontario	411,062	6/2/2010	3.50%	
Province of Quebec	1,076,382	6/1/2009	4.01%	
Total Cash & Short Term Investments	9,991,177			
Long Term				
Total Long Term Investments	**$ -**			
Total Unrestricted Investments	**$ 9,991,177**			
Total Investments	**$ 54,231,422**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 53,582,548			
Total Long Term	$ 648,874			
Total Investments	**$ 54,231,422**			

*Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATE EXTERNALLY RESTRICTED FUNDS
For the year ended March 31, 2009

COMMUNITY TRUST FUND EQUITY

	Balance, Beginning of Year	Investment and Other Revenue	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc	$ 591,525	$ 968	$ -	$ -	$ -	$ 592,493
The Birch Hills and Area Health Care Foundation Inc	106,960	1,285	(5,941)	-	-	102,304
Shellbrook Union Hospital Board	603,259	19,842	-	-	-	623,101
Agnew Estate	30,005	1,109	-	-	-	31,114
Prince Albert Parkland Regional Health Authority	123,843	4,788	-	-	-	128,631
Total Community Trust Fund Externally Restricted Funds	$ 1,455,592	$ 27,992	$ (5,941)	$ -	$ -	$ 1,477,643

CAPITAL FUND

	Balance, Beginning of Year	Investment and Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Brief and Social Detox Centre	$ 1,790,550	$ -	$ 1,336,000	$ -	$ 2,917,914	$ 6,044,464
Family Treatment Centre	4,388,000	-	1,868,000	-	12,262	6,268,262
North Sask Laundry Building Upgrade	2,000,000	1,375,000	1,125,000	-	3,113,445	7,613,445
Pineview Terrace - Prince Albert Parkland Terrace/Shellbrook Hospital	-	-	28,100,000	-	-	28,100,000
Total Capital Externally Restricted Funds	$ 8,178,550	$1,375,000	$ 32,429,000	$ -	$ 6,043,621	$48,026,171
Total Externally Restricted Funds	$ 9,634,142	$1,402,992	$ 32,423,059	$ -	$ 6,043,621	$49,503,814

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATE INTERNALLY RESTRICTED FUND BALANCES
For the year ended March 31, 2009

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	**Balance, End of Year**
Capital						
SHC Replacement Reserves						
Birchview Home	$ 4,081	$ 582	$ 5,075	$ -	$ -	$ 9,738
Hafford Special Care Centre	12,374	340	4,250	2,545	-	14,419
Herb Bassett Home	305,224	5,846	49,740	-	46,371	314,439
Idylwild Lodge	-	-	11,088	-	-	11,088
Jubilee Lodge	20,574	1,944	9,500	1,244	1,508	29,266
Jubilee Units	111,858	1,771	-	-	-	113,629
Lakewood Lodge	48,632	1,337	9,100	-	-	59,069
Parkland Terrace	66,509	1,829	7,707	-	-	76,045
Pineview Terrace Lodge	6,614	883	8,460	2,919	-	13,038
Pineview Terrace Units	151,566	4,375	5,269	97,150	-	64,060
Wheatland Lodge	34,401	946	7,750	-	-	43,097
Whispering Pine Place	77,371	2,128	5,501	-	-	85,000
Total SHC	839,204	21,981	123,440	103,858	47,879	832,888
Other Internally Restricted Funds						
Begin Estate	3,431	60	-	-	-	3,491
Ferris Estate	29,265	496	-	-	-	29,761
Herb Bassett Home Chapel	3,075	148	-	-	-	3,223
Parkland Terrace	66,586	1,832	-	-	-	68,418
Poole Estate	18,567	326	-	-	-	18,893
Printing Equipment	100,579	1,765	-	-	-	102,344
Renal	43,350	761	-	-	-	44,111
Smith Estate	102,779	1,820	-	-	-	104,599
Tadman Estate	-	141	48,355	-	-	48,496
Watsang Estate	10,538	185	-	-	-	10,723
Total Other	378,170	7,534	48,355	-	-	434,059
Total Capital	**$ 1,217,374**	**$ 29,515**	**$ 171,795**	**$ 103,858**	**$ 47,879**	**$ 1,266,947**
Operating						
Other Internally Restricted Funds						
PACADA Scholarship fund	22,316	-	-	1,000	-	$ 21,316
Total Operating	**$ 22,316**	**$ -**	**$ -**	**$ 1,000**	**$ -**	**$ 21,316**
Total Internally Restricted Funds	**$ 1,239,690**	**$ 29,515**	**$ 171,795**	**$ 104,858**	**$ 47,879**	**$ 1,288,263**

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATE SCHEDULE OF BOARD MEMBER REMUNERATION
For the year ended March 31, 2009

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 Total	2008 Total
Chairperson								
Dobrowolsky, G.	$ 1,453	$ 2,025	$ 113	$ 134	$ -	$ 165	$ 3,890	$ -
Ewanchuk, R.	8,508	7,044	4,000	5,593	-	995	26,140	30,928
Board Member								
Abrametz, B.	-	875	-	-	-	34	909	-
Attrux, I.	-	2,900	1,775	1,831	-	-	6,506	7,591
Bighead, S.	-	1,825	325	235	-	56	2,441	1,578
Boechler, J.	-	2,775	1,388	2,082	-	-	6,245	8,721
Byrne, D.	-	525	75	118	-	-	718	-
Cadieu, G.	-	900	325	533	-	29	1,787	-
Code, D.	-	3,425	563	625	-	145	4,758	4,806
Ferguson, L.	-	2,688	275	355	-	-	3,318	4,917
Gange, H.	-	2,580	1,240	1,990	-	-	5,810	7,836
Henderson, S.	-	650	38	276	-	-	964	-
Jurgens, A.	-	550	50	117	-	22	739	
Koester, D.	-	2,225	375	342	-	-	2,942	1,225
Leson, P.	-	2,300	338	675	-	-	3,313	4,981
McFee, D.	-	650	75	133	-	26	884	
Morin, P.	-	3,175	575	1,038	-	-	4,788	4,033
O'Neil, C.	-	1,050	400	571	-	-	2,021	6,330
Olson, J.	-	900	200	310	-	36	1,446	-
Osmundson, G.	-	750	213	340	-	-	1,303	-
Saam, L.	-	3,175	1,100	1,679	-	66	6,020	6,490
Total	**$ 9,961**	**$ 42,987**	**$ 13,443**	**$ 18,977**	**$ -**	**$ 1,574**	**$ 86,942**	**$ 89,436**

SCHEDULE 6

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
For the year ended March 31, 2009

	2009					2008		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Cecile Hunt, CEO	$ 160,175	$ 5,016	$ 165,191	$ -	$ 165,191	$ 153,118	$ -	$ 153,118
Lynnda Berg, VP	135,908	66	135,974	-	135,974	124,926	-	124,926
Joan Gasior, VP	118,842	66	118,908	-	118,908	124,926	-	124,926
Patricia Stuart, VP	10,228	17	10,245	-	10,245	-	-	-
John Piggott, VP	135,908	66	135,974	-	135,974	124,926	-	124,926
Carol Gregoryk, VP	115,177	66	115,243	-	115,243	-	-	-
Morgan Kennedy, VP	135,908	66	135,974	-	135,974	124,926	-	124,926
Jamie Callahan, VP	117,683	61	117,744	-	117,744	-	-	-
Donna Longpre, VP	-	-	-	-	-	29,241	-	29,241
Gene Hartman, VP	-	-	-	-	-	71,195	-	71,195
Robin Knutson, aVP	15,665	11	15,676	-	15,676	31,669	-	31,669
Doug Dahl, Communications Officer	57,758	66	57,824	-	57,824	56,232	-	56,232
Kathy Holmgren, Executive Assistant	58,399	66	58,465	-	58,465	56,171	-	56,171
Louis Poulin, Senior Physician Executive	129,819	66	129,885	-	129,885	131,702	-	131,702
Royeppen, Senior Physician Executive	23,215	-	23,215	-	23,215	-	-	-
Rooney M. & Cross J, Senior Physician Executive	-	-	-	-	-	44,748	-	44,748
Dr. L. Lanoie, Medical Health Officer	171,673	-	171,673	-	171,673	162,544	-	162,544
Total	$ 1,386,358	$ 5,633	$ 1,391,991	$ -	$ 1,391,991	$ 1,236,324	$ -	$ 1,236,324

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

The Prince Albert Parkland Regional Health Authority Payee Disclosure List

For the year ending March 31, 2009

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Adrian, Cynthia	$	57,035	Best, Margot	$	105,702
Allen, Aleta		93,299	Bevan, Evelyn		85,819
Allen, Marlene		89,665	Bibby, Brad		65,002
Allen, Olga		72,016	Billay, Alexis		54,196
Amundson, Lucille		78,374	Billay, M. Elaine		57,638
Amyotte, Janelle		67,591	Billay, Robert		55,584
Anaka, Kim		87,776	Bingham, Britt		89,379
Anderson, Shelly		53,375	Bircham, Tabbatha		53,198
Andre, Brenda		59,304	Birkland, Carroll		88,073
Antoine, Jane		96,162	Bissky, Boris		54,692
Appleyard, April		67,223	Blain, Bernadette		56,969
April, Susan		60,974	Blair, Michelle		72,267
Archer, Margaret		85,916	Blocka, Lynn		61,398
Arnason, Tanya		80,728	Bloor, Lavern J.		51,405
Aschenbrenner, Joanne		56,654	Bodnarchuk, Marjorie		95,064
Aspvik, Lois		51,074	Bolotniuk, Lori Lee		64,720
Atcheson, Wanda		95,040	Bonar, Connie		59,472
Aug, Angela		72,826	Bonilla, Melanie		93,795
Badgley, Stephanie		55,971	Bouvier, Aimee		54,428
Badiuk, Jane		73,568	Boychuk, Lois		157,779
Balicki, Lennie		89,779	Boyer, Debby Jo		57,192
Balicki, Lesia		105,548	Boyko, James		53,752
Balicki, Sherry		65,269	Braaten, Candy		77,201
Balicki, Valerie		72,870	Braaten, Deanne		51,409
Balon, Dorothy		63,395	Brad, Donna		125,591
Balone, Claire		108,359	Brahniuk, Corina		65,461
Balone, Yvonne		74,814	Brandolino, Brandy		53,087
Bannerman, Lorette		52,049	Bravo, Marta		67,041
Batisarisari, Judy		52,301	Bray, William		69,428
Batty, Darlene		107,724	Breker, Brenda		52,433
Bear, Lesley		72,627	Bridge, Gary		90,373
Beauchesne, Laura		66,272	Briere, Dianne		73,319
Beaulieu, Dolores		71,462	Briggs, Lori		70,118
Beaurivage, Bruce		102,034	Brits, Nico		302,154
Beddome, Judy		63,525	Brochu, Kristine		58,415
Belanger, Megan		52,372	Brooks, Coleen		68,016
Benard, Anita		69,208	Brooks, Joanne		84,720
Benoit, Denise		78,004	Brossart, Antonia		93,833
Benson, Barbara		65,035	Brown, Marjory		83,948
Benson, Lance		65,052	Brydges, Joanne		66,351
Berg, Lynnda		135,908	Buckingham, Katheryn		56,723
Berg-Kolody, Lisa		118,260	Burgess, Heather		63,538
Bergquist, Carla		54,168	Burnie-Allen, P. Jill		63,201
Berlin, Shirley		64,031	Busch, Lynne		73,236

Cadieu, Bonnie	$	79,834
Callahan, Jamie		117,683
Callele, Jessica		66,662
Camche, Allisyn		56,080
Cameron, Dwayne		64,406
Campbell, Alison		64,367
Campbell, Carol		65,418
Campbell, Lorraine		79,784
Camponi, Rosa		69,119
Canning, Randy		61,909
Carnegie, Heather		54,409
Carrier, Janet		59,084
Carriere, Clara		50,041
Carriere, Shelly		58,335
Carruthers, Glenn		93,337
Casavant, Meghan		77,111
Chambers, Lisa		70,063
Chartrand Trzask, Christina		65,561
Chaudhry, Zubaida		147,830
Chedogi, Mariusz		52,859
Cherney, Coralie		53,822
Chesley, Sharonlee		103,092
Christiansen, Lori		64,185
Clark, Janet		79,648
Clarke, Glenis		65,659
Clarke, Trina		63,512
Clarke-Goertz, Kimberley		72,765
Cochrane, Michelle		74,075
Cook, Delphine		76,429
Cook, Wanda		80,696
Cooke, Gaylene		85,425
Cooling, Jerrilyn		87,669
Cooper, Darla		71,129
Cooper, Sheila		99,565
Coutu, Jas		66,511
Couture, Patricia		92,627
Crawford, Eleanor		56,281
Crellin, Margaret		83,724
Crowe, Julie		51,741
Curtis, Chona		57,523
Cutting, Eunice		77,494
Cyr, Linda		53,242
Dagenais, Karen		94,317
Dagenais, Shawn		65,260
Dahl, Doug		57,758
Dahl, Janet		114,617
Daigneault, Samantha		72,074
Dallman, Jason		52,051
Danger, Betty		69,668
Daniels, Doris		74,110
Danielson, Debra		82,461
Darbyshire, Diana		57,562
Davidson, Elbert		60,680
Davies, Tracie		57,312
Deforest, Jacquelin		54,927
Delparte, Corinne		70,032
Denis Blais, Dianne		86,587
Dickson, Cathy		75,369
Diemert, Jackaleen		70,801
Disiewich, Karen		55,314
Dogniez, Hal		72,347
Donald, Helen		67,905
Dooley, Nikki		67,583
Dorosh, Perpetua	$	92,675
Doucette, Florette		82,561
Dougan, Beverley		95,518
Dowling, Deanne		95,607
Driedger, Amanda		91,834
Drieschner, Arlene		86,850
Dryka, Ruth		51,241
Dubyk, Deborah		75,058
Dumais, Arlene		51,036
Dupuis, Jocelyne		61,054
Dupuis, Sheila		71,701
Dupuis, Tracy		73,075
Duret, Aline		62,785
Dutka, Patti		51,187
Eberts, Tamara		91,460
Elliott, Cheryl		89,779
Emmerson, Angela		93,290
Enns, Brett		110,883
Epp, Dorothy		69,467
Ernst, Tanya		110,224
Escueta, Jan Keith		107,608
Evans, Beverly		51,802
Evans, Jody		52,949
Evans, Kathy		59,405
Eveleigh, Shauna		52,311
Fahlman, Theresa		81,979
Falloon, Nadine		71,542
Famulak, Kevin		60,015
Farthing, Krista		91,386
Fauchoux, Elaine		72,887
Favel, Linda		56,948
Favreau, Glenda		56,241
Featherstone, Tobi		53,883
Fecyk, Diana		89,692
Fee, Christal		61,825
Fehr, Darlene		85,741
Feland, Leslie Ann		85,116
Felix, Shawna		63,697
Ferguson, Tom		72,406
Ferland, Beverly		82,273
Fernandez, Fe		102,749
Fiddler, Charity		70,961
Fiddler, Danielle		53,599
Fisher, Barbara		92,039
Fitzpatrick, Robert		64,746
Fjeld, Terry		57,788
Foy, Nicole		67,301
Franc, Joanne		95,064
Franc-Beaurivage, Lydia		91,448
Franklin, Kelly		93,888
Franks, Judy		52,932
Fredeluces-Villa, Hazel		120,215
French, Brenda		65,752
Friesen, Terry		70,660
Frohaug, Lori		105,674
Funk, Melanie		58,324
Furber, Christine		93,484
Fyrk, Lynda		92,344
Gale, Crystal		55,608
Garbolinsky, Gina		51,558
Gasior, Joan		118,842
Gatin, Peggi Lynn		69,137
Gaudet, Dean		65,547

Gaudet, Dori	$	72,047
Gauthier, Theresa		66,617
Gaveronski, Nancy		71,760
Genest, Doreen		55,883
Georget, Alden		64,842
Gignac, Laura		89,476
Gillespie, Alison		67,009
Gillis, Tammy		97,425
Gilmour-Kessler, Linda		61,807
Gjesdal, Joy		61,596
Goller, Shelley		85,204
Gordon, Cathy		70,167
Gordon, Shannon		61,704
Gould, Catherine		63,505
Goy, Jan		56,079
Gray, Vivian		93,360
Gregoryk, Carol		115,177
Grolla, Ramona		85,371
Gunn, Karen		159,125
Gutka, Kimberly		61,778
Gyoerick, Robin		54,150
Halcro, Quentin		105,679
Hamborg, Eileen		54,174
Hamilton, Neil		58,062
Hamilton, Trudy		79,003
Hamlyn, Muriel		78,914
Hannotte, Terri		59,585
Hansen, Meagan		57,771
Harach, Mary		67,423
Hareuther, Jennifer		96,813
Hargrave, Harold		68,428
Harley, Wendy		75,839
Harper, Monica		71,587
Harradence, Lisa		84,420
Harrison, Loraine		85,972
Hart, Lyla		97,775
Hayduk, Karen		54,098
Hayes, Linda		88,626
Hayward, Sharon		67,325
Head, Jackie		72,814
Hebblethwaite, Joanne		66,244
Heebner, Sonia		62,807
Heidel, Sandy		57,556
Hein, Edith		67,665
Henry, Tammy		68,895
Heroux, Wendy		66,201
Hewitt, Barbara		73,956
Hicks, Carrie		119,450
Higgins, Garry		51,790
Hnidek, Frances		65,371
Hobson, Traci		113,464
Hofland, Tammy		65,249
Holmevik, Bonnie		50,928
Holmgren, Kathy		58,399
Honig, Colleen		67,307
Hope, Penny		59,573
Hornung, Joan		65,772
Horvey, Jill		54,544
Hradecki, Kimberley		75,232
Hrenyk, Loretta		60,737
Hrynuik, Karen		68,206
Hundeby, Lisa		66,861
Hunker, Kathy		89,158
Hunt, Cecile	$	160,175
Hupaelo, Caroline		66,995
Huska, Lorraine		70,938
Ilnisky, Janet		97,943
Iron, Shelly		50,768
Isaak, Martha		50,434
Isbister, Valerie		53,561
Iverson, Cathy		90,952
Jackow, Deborah		63,052
Jacobs, Katharine		75,805
Jahn, Sonya		72,347
James, Suma		70,777
Janz, Trenton		60,247
Janzen, Laurie		69,917
Jenkins, Patricia		65,002
Johnson, Darlene		56,742
Johnson, Donna		91,932
Johnson, Lorraine		91,619
Johnston, Merle		52,841
Jonasson, Ashley		57,057
Jones, Tara		64,396
Joo, Cheryl		74,489
Jurgens, Douglas		131,780
Jurgens, Victoria		69,181
Kacher, Jane		63,895
Kalyniuk, Deanna		77,439
Kaminsky, Donna		81,243
Kapacila, Jan		64,308
Kaptein, Karen		97,932
Kardash, Johanne		94,543
Kaye, Joyce		52,855
Kazmiruk, Eloise		96,210
Keating, Sandra		90,471
Kendel, Pamela		66,588
Kenke, Kimberly		88,836
Kennedy, Morgan		135,908
Kent, Debbie		58,942
King, Darci		52,497
Kitching, Karen		53,222
Knoke, Julia		60,106
Knudsen, Robin		88,883
Koeberlin, Lucille		55,454
Kolendreski, Dwayne		78,294
Komaike, Lois		50,431
Kopperud, Debra		63,696
Korody, Sharon		64,546
Kotyk, Jaelynn		62,931
Krawec, Carmen		77,168
Krider, Roberta		66,868
Krsacok, Marilyn		58,836
Ksyniuk, Denise		57,351
Kukac, Charline		74,985
Kulyk, Janet		82,282
Kwiatkowski, Brenda		69,430
Kwok, Joanne		152,977
Lachance, Delores		51,604
Ladeza, Reynaldo		80,300
Lai, Yun		80,405
Laird, Raina		53,708
Lajeunesse, Joanne		115,454
Lalonde, Marie Ann		77,865
Lang, Bridgette		65,679
Laprise, Kristin		71,957

Larocque, Susan	$	51,871
Larose, Linda		50,297
Larrea, Lesley		57,971
Larson, Aimee		66,441
Lat Palisoc, Michell		100,123
Laturnas, Laurie		75,383
Lauterbach, Barbara		96,812
Lawson, Tammy		77,671
Lawson, Terry		53,691
Leaderhouse, Richard		86,339
Leblanc, Elise		72,317
Lee, Connie		113,644
Leeb, Sonya		124,376
Lehmann, Diane		75,502
Lehner, Nola Rae		63,498
Leier, Melissa		50,570
Lepage, Adrien		56,750
Lepage, Christina		73,191
Leschyshyn, Cynthia		81,527
Lesko, Carlie		76,391
Lesperance, Cathleen		64,095
Letkeman, Jennifer		57,359
Levesque, Barbara		100,593
Lloyd, Maria		59,052
Loewen, Norma		79,096
Lofstrom, Laurel		59,770
Long, Sheila		57,684
Lukan, Laurianne		69,905
Lukowich, Arlene		68,848
Lund, Erin		60,360
Lundgren, June		54,253
Lupichuk, Connie		55,314
Lysitza, Corinna		81,156
Lysitza, Susan		61,597
Lysk, Irene		61,202
MacDonald, Lana		64,689
Macfie, Vikki		73,244
MacLean, Murdeen		58,654
MacNeil, Bev		64,119
Madwid, Doreen		64,237
Magnusson, Eva		71,626
Makely, Janice		68,159
Manseau, Jeanne		76,917
Manson, Calvin		51,487
Marcia, Laura		77,257
Mardell, Dawn		51,460
Marion, Irene		87,078
Marion, Melanie		67,818
Marshall, Patricia		85,810
Martens, Sonya		56,273
Martin, Paulette		72,404
Martodam, Roseline		86,598
Masiglat, Pepito		76,393
Mason, Karen		63,925
Mason, Linda		90,792
Mason, Pauline		53,735
Massey, Geraldine		52,705
Matheis, Elona		76,954
Matice, Madeleine		66,142
Maturan, Zosima		52,886
Matwishyn, Debbie		73,987
Matzner, Juliette		89,048
McCan, John		83,596
McCready, Deborah	$	79,911
McDermid, Garry		72,720
McDonald, Barbara		96,557
McDougall, Brenda		58,447
McGregor, Kristy		87,089
McIvor, M. Ruth		51,024
McKay, Linda		92,150
McKinnon, Linda		76,436
McLaughlan, Sylvia		57,032
McLean, Catherine		84,008
McLeod, Donna		73,427
McLeod, Gloria		50,498
McLeod, Jolene		61,192
McLeod, Lesley		71,422
McMunn, Brenda		73,956
McNamee, Judith		90,125
McNeice, Bonnie		54,659
Meikle, Lynn		52,754
Merasty, Arthur		52,226
Meyer, Rosalie		70,495
Meyers, Pam		65,315
Meyers, Susan		62,921
Michalski, Roman		58,913
Mierke, Flo		59,004
Miller, David		53,331
Miller, Diane		67,282
Miller, Rebecca		54,745
Miller, Rhonda		79,066
Miller, Rose		54,617
Mills, Brenda		57,788
Mills, Rae		82,352
Mischuk, Connie		87,472
Mitchell, James		52,941
Moar, Elizabeth		51,763
Mokelki, Lois		53,403
Monus, Tisa		57,074
Moore, Karin		64,009
Moore, Margaret		51,638
Morash, Sharla		67,550
Moriarty, Judy		87,271
Moriarty, Linda		56,461
Morley, Michelle		79,956
Morrow, Eva Marie		84,775
Mourot, Robin		57,305
Muir, Catherine		92,671
Muller, Sharon		58,291
Mumm, Lorna		50,498
Mychan, Shannon		54,019
Nagy, Allison		62,884
Nagy, Shirley		63,103
Nahachewsky, Donna		95,064
Naharney, Kathy		54,179
Natomagan, Janice		61,540
Natomagan, Lindsay		56,953
Natomagan, Tara		69,023
Neilson, Joyce		53,040
Nelson, Darcie		86,204
Nelson, Joseph		59,274
Neufeld, Agatha		56,870
Neufeld, Patricia		51,351
Newhouse, Sandra		95,064
Nicholson, Laura		81,884
Nicklas, Marvin		78,098

Nielsen, Dianne	$	55,960
Nutter, Donna		56,999
Nykiforuk, Patricia		89,552
Obbema, Danielle		64,066
Olde, Stephen		70,333
Olde, Wendy		52,354
Olson, Linnea		73,108
Olson, Sharon		62,969
Olthuis, Kathryn		65,005
Otte, Bryan		56,184
Otte, Sharon		79,122
Otto, Crystal		69,536
Painter, Judith		65,199
Pannell, Maureen		56,090
Parchomchuk, Lynn		78,820
Parent, Eyvette		85,968
Parent, Kim		53,626
Paul, Lendra		85,869
Pearson, Claudia		91,306
Pelletier, Elaine		65,696
Penner, Grace		70,694
Perkins, Jo-Ann		54,421
Peter, Gale		84,558
Phaneuf, Shawn		100,031
Picot, Charmaine		66,349
Piggott, John		135,908
Pikaluk, Joan		54,729
Pilon, Gail		78,139
Poetker, Pat		78,357
Pogorzelec, Ellen		54,947
Porter, Barbara		94,460
Porter, Beth		51,175
Porter, Pamela		108,285
Poulin, Dr. Louis		129,819
Powers, Carley		62,453
Pratt, Barbara		54,349
Prediger, Cheryl		117,015
Prete, Carol		64,735
Priestley-Blazic, Sandra		80,245
Proulx, Jennifer		94,486
Puetz, Leah		116,045
Quinn, Barbara		53,844
Rabut, Laurie		55,071
Ralston, Margaret		100,292
Rancourt, Nicole		59,477
Randall, Brenda		55,071
Rask, Lynn		124,212
Reed, June		94,114
Reiner, Heather		80,084
Rennie, Cory		59,758
Riekman, Marilyn		76,849
Riemer, Rochelle		55,036
Rishchynski, Kathy		79,156
Roberts, Rhoda		84,868
Robins, Barbara		83,598
Robinson, Sherry		80,230
Robinson, Tammy		57,614
Rolles, Cory		66,076
Romanchuk, Monica		56,541
Rosales, Nonita		56,879
Ross, Alana		65,142
Ross, Paul		87,646
Ross, Penny		90,149
Ross, Peter	$	71,724
Roth, Alice		84,280
Rousson, Audrey		102,455
Roy, Jeannine		74,758
Russell, David		56,517
Ruszkowski, Annette		62,465
Rye, Christine		86,100
Ryhorchuk, Meagan		56,787
Sabaratnam, Rathi		192,362
Sand, Jolean		81,122
Sander, Beverly		90,670
Sanders, Kendra		67,706
Sarchuk, Brenda		89,137
Sauve, Barb		72,347
Sauve, Jocelyn		67,881
Sawchuk, Kelly		56,015
Schenn, Joanne		93,853
Schmalz, Ursula		51,384
Schopp, Ashley		53,181
Schopp, Tara		82,679
Scriven, Carlena		76,612
Scrivener, Diane		83,456
Seesequasis, Arlene		53,492
Serfas, Dennis		65,831
Settee, Tina		51,260
Sewap, Nicole		55,698
Short, Carla		85,428
Shyluk, Linda		83,950
Simonson, Geraldine		67,294
Simpson, Frances		80,399
Sims, Linda		102,538
Sinclair, Pamela		61,706
Skarpinsky, Betty		105,675
Skibinsky, Darren		54,033
Skibinsky, Debbie		69,542
Skiffington, Rikki		77,501
Skinner, Sharon		69,522
Small, Crystal		53,268
Smandych, Donna		103,412
Smith, Jennifer		67,392
Smith, Sheila		53,694
Smith, Susan		83,071
Smith-Coleman, Stacey		63,906
Smith-Opseth, Valerie		54,256
Sommerfeld, Brenda		109,270
Sopal, Christopher		65,055
Spademan, Gaye		68,454
Spence, Carolyn		78,880
Spence, Gary		63,330
Spicer, John		53,762
Springer, Paulette		92,516
Sproat, Charlene		64,870
Stadnyk, Lori		67,280
Starblanket, Leanne		81,968
Steen, Barbara		51,223
Stefanyshyn, Cari Ann		77,563
Stene-Connell, Tanya		50,022
Stenz, Edeltrud		62,047
Sthamann, Michele		71,067
Stieb, Beatrice		50,305
Stiglitz, Margaret		56,541
Stocki, Julie		70,201
Stoll, Erinn		51,145

Stratychuk, Michelle	$	53,238
Straughan, Tracey		107,427
Street, Michelle		78,425
Stuart, Patricia		99,146
Stuckel, Onnalee		53,638
Suchorab, Frank		123,176
Suchorab, Linda		82,824
Surkan, Ida		50,266
Surprenant, Lorrie		86,434
Sutton, Wendy		82,861
Swanson, Marlene		83,892
Swystun, Rhea		55,524
Szeszorak, Sylvia		57,143
Tait, Darren		64,504
Taylor, Jean		65,526
Taylor, Jeremy		81,762
Taylor, Tara		61,792
Taylor, Victoria		55,395
Teichreb, Brad		53,656
Teichreb, Trish		68,373
Tetarenko, Wallace		65,536
Tether, Carmen		60,801
Thesen, Barbara		66,915
Tholl, Betty		81,563
Thomas, Kathy		52,340
Thomas, Yvette		97,015
Thompson, Donna		68,155
Thompson, Elizabeth		79,494
Thompson, Jamie		56,945
Thompson, Kimberly		67,196
Thompson, Tannice		77,059
Tilford, Tom		67,276
Tondevold, Brett		89,328
Toner, Kimberley		122,892
Toner, Todd		52,032
Torborg, Alice		83,724
Tourond, Lori		72,347
Trueman, Carol		100,694
Tucker, Nola		95,064
Udey, Carolyn		83,873
Ulch, Gwen		90,495
Underhill, Carla		104,755
Urbaniak, Claire		65,051
Van Dyck, Caroline		60,686
Van Otterloo, Melissa		51,801
Van Walsem, Catharine	$	95,064
VanKoughnett, Margaret		51,839
Vermette, Chasity		58,536
Viklund, Dianne		63,768
Walker, Victoria		56,446
Wall, Cynthia		71,677
Wallace, Emilie		60,452
Walter, Barbara		84,519
Walters, Jackie		82,747
Warkentin, Barbara		95,465
Waslak, Mary		71,796
Wason, Richelle		65,353
Wasylyshyn, Shelley		91,534
Watts, Muriel		70,084
Weber, Pat		73,487
Weinrich, Bette Ann		54,637
Werk, Merv		72,131
West, Pamela		63,482
White, Leah		82,678
White, Millicent		54,392
Wiederspick, Mildred		80,248
Wiegers, Mary		64,735
Wiens, Arnold		55,501
Williams, Andrea		62,819
Willoughby, Dinah		82,936
Wilson, Shelley		90,798
Winge, Deborah		101,107
Wiser, Valerie		66,034
Witcombe, Wanda		50,715
Wooden, Diana		50,308
Worth, Crystal		58,525
Wyand, Ron		69,064
Young, Holly		64,658
Zagiel, Lynda		54,566
Zaleschuk, Richard		73,560
Zanidean, Darlene		58,408
Zanidean, Lorne		95,549
Zawislak, Kim		65,949
Zbaraschuk, Kelly		51,210
Zdrill, Samantha		59,024
Zelowsky, Susanne		102,193
Zentner, Neil		82,616
Zummack, Glendene		56,352
Zwack, Monique		93,483

Transfers—Listed, by program, are transfers to recipients who received $50,000 or more

Blaine Lake Ambulance	$	295,804
Canadian Mental Health Assn		160,348
Cooperative Health		260,857
Mont. St. Joseph Home Inc.		6,406,904
MLCN Elders Care Home Inc.		750,000
Parkland Ambulance	$	1,917,345
Prince Albert Mobile Crisis Unit		66,237
S.H.A.R.E.		484,042
Spiritwood Ambulance		821,846

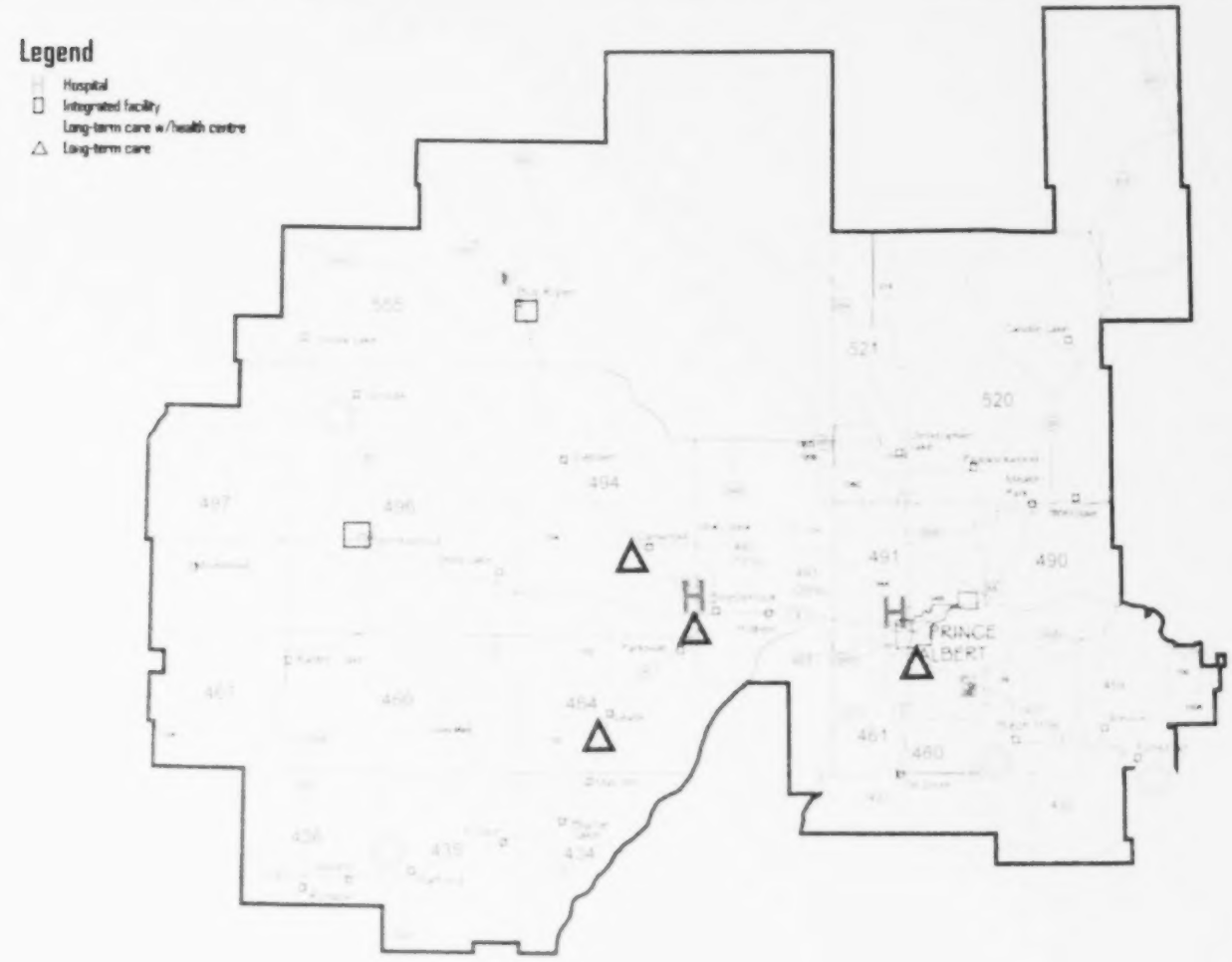
Supplier Payments—Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

627577 Saskatchewan Ltd	$	116,907
3130827 Canada Inc (CPDN)		1,012,804
Abbott Laboratories Inc		139,360
ACMI Corporation		126,944
Alcon Canada Inc		545,479
AODBT Architecture Interior Design		127,042
Asiil Enterprises		266,369
Associated Radiologists		1,685,193
Baxter Corporation		101,571
Beckman Coulter		106,971
Biomed Recovery & Disposal		183,829
Bowditch, Barb		70,673
Bunzl Distribution Inc.		197,135
Canadian Corps of Commissionaire		523,763
CAN-MED Healthcare		137,222
CEG Energy Options Inc		244,377
Cherry Insurance		94,677
City of Prince Albert		292,721
Covidien		228,818
Delisle Computer Consulting		106,221
Dept of Property Management		639,598
DHL Express		54,012
Dominion Biologicals		58,012
Domco Construction		2,339,693
Draeger Medical Inc		68,519
Dr. Baqir-Hussain		383,956
Dr. Basson, Nico		283,743
Dr. Brijall, Shashi		385,705
Dr. Bulat, D – Professional Corp		350,790
Dr. Clark, Eric		335,721
Dr. Coertze, Louis		262,052
Dr. Cooper, Lilanie		333,184
Dr. Cruickshank, L.		322,852
Dr. Harris, Steven		97,440
Dr. Hoogerboord, Cornelius		282,000
Dr. Hussain, M.Z.		56,812
Dr. Lambos, Peggy		349,290
Dr. Lanoie, L.		174,522
Dr. Leizel, Nel.		164,569
Dr. Malhotra, T.		338,164
Dr. Marten, D.		269,421
Dr. Moodliar, S.		342,609
Dr. Moodley, Santheran		380,254
Dr. Mukherjee, S.		172,359
Dr. Mulaisho, Beyani		93,980
Dr. Obrigavitch, G.		51,333
Dr. Patel, D.		135,574
Dr. Pillay, Y.		242,187
Dr. Rahmani, Mohammad		347,487
Dr. Ramji, A.		351,331
Dr. Rashid		51,218
Dr. Ribeiro, Ricardo.		284,703
Dr. Rossouw, Francois		197,114
Dr. Royeppen, E.		373,084
Dr. Shukla, K.		92,706
Dr. Steyn, Jacob		115,599
Dr. Tennent, Alison		168,504
Dr. Udayasankar, Vijay		303,876
Dr. Van der Merwe, Sybil	$	256,401
Dr. Van Rensburg, A. Janse		102,401
Dr. Veith, Martin.		163,061
Dr. Veith, Sylvia		55,212
Dr. Wessels, Johan		312,209
Dr. Yachad, Ravine		286,276
EECOL Electric Ltd		74,895
Family Service Regina		60,000
Flaminio Ceilings & Wall Systems		90,098
GAMBRO Inc.		212,889
GE Healthcare		139,137
Geanel Restaurant Supplies		58,405
Granite Construction		609,980
Grand & Toy		139,209
Greenland Waste Disposal		58,759
Great West Life		573,772
Hill-Rom Canada		350,560
Honeywell Limited		52,502
Horizon Computer Solutions		160,109
Hospira Healthcare Corporation		848,807
IBM Canada		1,815,306
Janssen Ortho Inc.		55,091
Johnson Controls Limited		56,021
Johnson & Johnson Medical Prod.		313,360
Kildaw, Karen		99,416
KIN Enterprises		83,043
Leica Microsystems Canada Inc.		83,253
Linvatec Canada		121,671
Lobstick Travel		81,773
Macpherson Leslie & Tyerman		50,414
Marsh Canada		314,153
Mastercard		126,525
Mckesson Canada Corporation		619,691
Meyers Norris Penny		56,999
Nexen Marketing		241,903
Nicole Enterprises		94,112
North Sask Laundry & Support		2,495,096
Northern Grocers Inc.		50,649
Nuance Communications Inc.		89,389
Olympus Canada		60,338
P.A. Alarm Systems		122,783
P.A. Grand Council Urban Services		55,330
P.A. Photocopier		88,440
P.A. Rental & Leasing Services		164,779
Parkland Ambulance		632,160
Peridot Medical Inc.		263,885
Phillips Medical Inc.		674,003
Pinnacle Distribution Inc.		52,744
Prairie Meats		152,045
Prakash Engineering Ltd.		477,544
Quorex Construction		2,425,731
Ritchie, Hugh		55,533
River North Construction 86 Ltd		130,727
Roche Diagnostics		137,463
Saputo Milk Division		165,018
Sask Energy		735,910
Sask Power		5,294,971
Sask Worker's Compensation Board		1,784,840

Sask Property Management	$	536,274	Stryker Canada Inc.	$	111,262
Sask-Tel		355,461	Supreme Basics		160,113
Sask-Tel Mobility		137,034	SYSCO Food Services		1,217,689
Schaan Healthcare Products		2,002,514	Thorpe Brothers Ltd		482,123
Siemens Healthcare Diagnostics		300,675	Toshiba of Canada Ltd		395,671
Smiths Medical Canada Ltd		109,896	Trac Holdings Ltd.		59,413
Smith & Nephew Inc.		207,916	Unisource Canada Supply Systems		78,006
Softchoice Corporation		61,144	Van Houtte Coffee Services Inc.		51,795
Source Medical Corporation		331,979	Vitalaire Healthcare		148,706
SRNA		213,032	Wyeth Canada		59,484
Steris Canada Limited		224,501	Zep Factory Outlet		108,699
Stevens Company		193,676	Zimmer of Canada Limited		254,863

Other Expenditures—Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	$	137,208	S.A.H.O.	$	6,237,775
Public Employees Benefit Agency		351,913	SHEPP		9,542,274
Receiver General for Canada (CRA)		4,519,542			



Prince Albert Parkland Health Region

2008-09

Annual Report to the Minister of Health

Healthy Living in Healthy Communities.